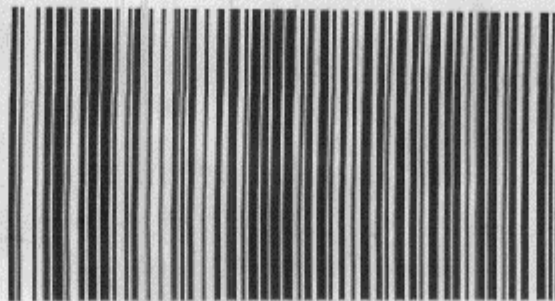


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTi South Africa (Pty) Ltd
1/a UTi Sun Couriers
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213673



SUBCD27981114

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name Le Creuset Watercrest		Company Name Le Creuset Warehouse		<input type="checkbox"/> Same Day	
Street Address Inanda Road Waterfall		Street Address Unit 5, Heron Park Olive Grove		<input type="checkbox"/> Express	
Durban				<input type="checkbox"/> With Sunrise Option	
Suburb		Suburb Somerset West		<input type="checkbox"/> With Saturday Service	
City / Town DUR Postal Code 3652		City / Town COLPE TOWN Postal Code 7001		<input type="checkbox"/> Public Holiday Service	
Contact Supesandra		Contact Lauren		<input checked="" type="checkbox"/> Economy	
Phone 031 763 1525		Phone 021 851 7175		<input type="checkbox"/> After Hours	
Destination Country		South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)		<input type="checkbox"/> BLNS Customs Tariff Lines	
Sender's Reference COMPETITION ENTRIES		Analysis Code		<input type="checkbox"/> Depot Hand In	
SPECIAL INSTRUCTIONS					
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)		<input type="checkbox"/> Original POD Required P.O. Box	
If Consignee Or Third Party Is Billed, Sender Remains Liable For Unpaid Charges					
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER. (SEE CLAUSE 12.14 OVERLEAF) GOODS ARE SHIPPED AT OWNER'S RISK. SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. UTI SUN COURIERS LIMITS ITS LIABILITY TO R250,00 PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH UTI SUN COURIERS TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSES 12.5, 12.6 AND 12.7 OVERLEAF).					
e-mail / Fax / Proof of delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE [Signature] DATE 02/01/18	
Total Parcels	NO. OF PARCELS	Dimensions In Centimetres		HEIGHT	Mass (kg)
1	1	F1eyer			
Goods received in full without damage (unless endorsed)		Received by UTI			
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)			
LAUREN		PHILANI			
Date Received:		Time Received:		Date Received:	
050118		0845		020118	
Signature [Signature]		Signature [Signature]			