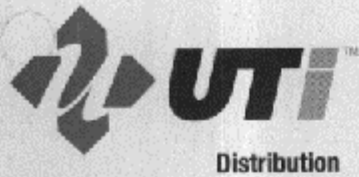
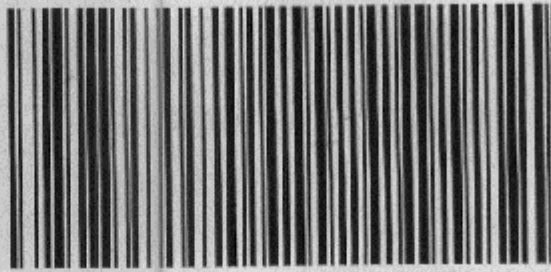


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 83, The Reads 0061
Tel: (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD23683388

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <u>Le Creuset</u> Street Address <u>Shop 312 E</u> <u>Centurion Mall</u> <u>Heuwel Avenue</u> Suburb <u>Centurion</u> City / Town <u>Pretoria</u> Postal Code <u>0157</u> Contact <u>Eureka</u> Phone <u>[012] 004 0217</u>		Company Name <u>Le Creuset</u> Street Address <u>Unit 5 ; Heron Park</u> <u>Olive Grove Industrial Estate</u> <u>Old Paardevlei Road.</u> Suburb <u>Somerset West.</u> City / Town <u>Cape Town.</u> Postal Code <u>8001</u> Contact <u>J. Lauren</u> Phone <u>[021] 851 7178</u>		<input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff <input type="checkbox"/> Depot Hand In	
Destination Country <u>South Africa</u> <u>Botswana</u> <u>Lesotho</u> <u>Namibia</u> <u>Swaziland</u> <u>Other</u> (Please Specify)		Sender's Reference <u>4110950521</u> Analysis Code		SPECIAL INSTRUCTIONS Bill Charges To Account No. <u>027766</u> Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> If Consignee Or Other (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 DISTRIBUTION LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH UTI DISTRIBUTION TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSE 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 <u>[Signature]</u> DATE <u>01/03/2018</u>		Total Mass (Kg)	
Total Parcels <u>1</u> NO. OF PARCELS PER DIMENSIONS <u>Flyer</u>		LENGTH (CM) <u> </u> WIDTH (CM) <u> </u> HEIGHT (CM) <u> </u>		Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Elvino</u> Date Received: <u>050318</u> Time Received: <u>1025</u> Signature: <u>[Signature]</u>	
Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) <u>Seze Koo</u> Date Received: <u>010318</u> Time Received: <u>1345</u> Signature: <u>[Signature]</u>		Version Control (01/2010)			