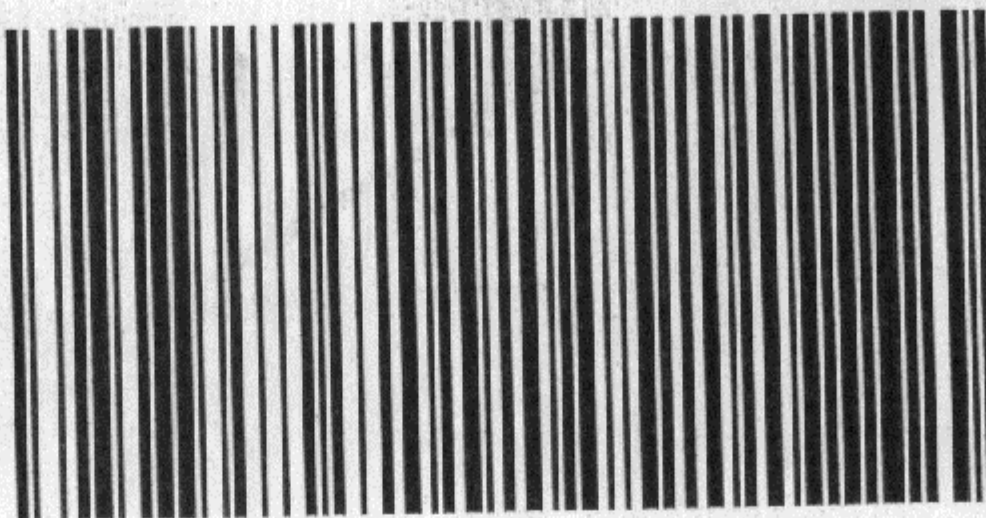


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTi South Africa (Pty) Ltd
t/a UTi Sun Couriers
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBCD26250227

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name LE CREUSET		Company Name LE CREUSET CPT						<input type="checkbox"/> Same Day	
Street Address SHOP UL 262,		Street Address UNIT 5, HERON PARK						<input type="checkbox"/> Express	
PAVILION SHOPPING CENTRE		OLIVE GROVE IND ESTATE						<input type="checkbox"/> With Sunrise Option	
JACK MAARTIENS DRIVE		SOMERSET WEST						<input type="checkbox"/> With Saturday Service	
Suburb WESTVILLE		Suburb						<input type="checkbox"/> Public Holiday Service	
City / Town DUR Postal Code 4000		City / Town SOMERSET WEST (SSW) Postal Code 8000						<input checked="" type="checkbox"/> Economy	
Contact RASHREE / TRISNA		Contact CARME						<input type="checkbox"/> After Hours	
Phone 031 265 8455		Phone 021 851 7178						<input type="checkbox"/> BLNS Customs Tariff Lines	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference								Analysis Code	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		If Consignee Or Third Party Is Billed, Sender Remains Liable For Unpaid Charges	
<p>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).</p>									
e-mail / Fax / Proof of delivery <input type="checkbox"/>						e-mail Address / Fax Number			
Total Parcels		NO. OF PARCELS		Dimensions In Centimetres		HEIGHT		Mass (kg)	
1		1 X BOX		LENGTH		WIDTH			
<p>Goods received in full without damage (unless endorsed)</p> <p>Name Of Receiver (PLEASE PRINT CLEARLY)</p> <p>C A R M E N</p> <p>Date Received: 01/05/18 Time Received: 10:20</p> <p>Signature [Signature]</p>									
<p>Received by UTi</p> <p>Name Of Courier (PLEASE PRINT CLEARLY)</p> <p>A A R O N</p> <p>Date Received: 01/05/18 Time Received: 11:10 AM</p> <p>Signature [Signature]</p>									