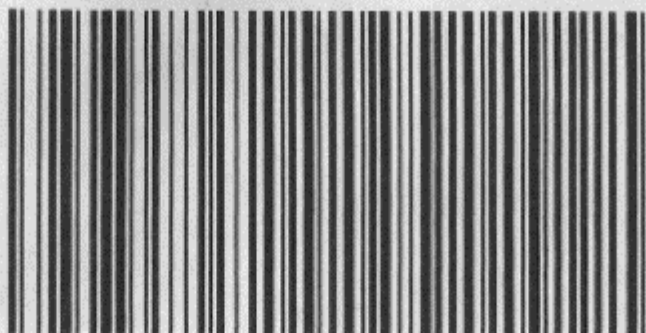


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBCD26250228

Sender's Details

Consignee's Details. Full Street Address Please

Mark Service Required

Company Name **LE CREUSET**
Street Address **SHOP UL 262,**
PAVILION SHOPPING CENTRE
JACK MAARTIENS DRIVE
Suburb **WESTVILLE**
City / Town **DUR** Postal Code **4000**
Contact **RASHREE / TRISINA**
Phone **031 265 8455**

Company Name **LE CREUSET CPT**
Street Address **UNIT 5, HERON PARK**
OLIVE GROVE IND ESTATE
SOMERSET WEST
Suburb
City / Town **SOMERSET WEST (SSW)** Postal Code **8000**
Contact **CARMEN**
Phone **021 851 7178**

Same Day

Express ☒

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS
Customs
Tariff
Lines

Depot Hand In

Destination Country South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)

Sender's Reference **UT12471640** Analysis Code

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **027766** Bill To Sender ☒ Consignee Other (Name Please)

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).

RO
SENDER'S AUTHORISED SIGNATURE

16/05/2018
DATE

e-mail / Fax / Proof of delivery ☐ e-mail Address / Fax Number

Total Parcels

NO. OF PARCELS

Dimensions In Centimetres

LENGTH

WIDTH

HEIGHT

Mass (kg)

1

1x FL4ER

1

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

O A R M E N

Date Received:

1 7 0 5 1 8

Time Received:

0 8 4 0

Signature **OGROVE**

Received by UTI

Name Of Courier (PLEASE PRINT CLEARLY)

Aaron

Date Received:

1 6 0 5 1 8

Time Received:

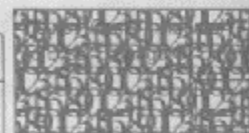
1 0 3 0

Signature

[Signature]

Original POD Required
P.O. Box

POD COPY



Original POD Required
P.O. Box

Original POD Required
P.O. Box

Original POD Required
P.O. Box

Original POD Required
P.O. Box