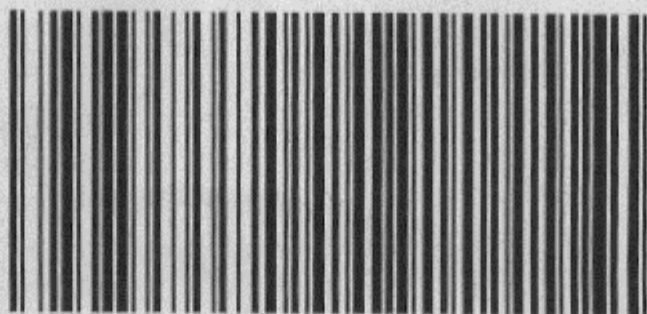


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD23371136

ADDITIONAL
TRACKING
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>LE CREUSET HYDEPARK</u> Street Address <u>Shop 71 Upper mall</u> <u>HYDE PARK CORNER</u> <u>C/O Jan Smuts & 6th Ave</u> Suburb <u>HYDE PARK</u> City / Town <u>JHB</u> Postal Code <u>2196</u> Contact <u>PATRICIA</u> Phone <u>01 525 5606</u>		Company Name <u>LE CREUSET</u> Street Address <u>Unit 5 Heron PARK</u> <u>OLIVE GROVE Industrial Estate</u> <u>OLD PARADISE RD.</u> Suburb <u>SOMERSET WEST</u> City / Town <u>CAPE TOWN</u> Postal Code <u>7129</u> Contact <u>VICKY</u> Phone <u>021 851 7178</u>				Same Day Express With Sunrise Option With Saturday Service Public Holiday Service Economy After Hours BLNS Customs Tariff Depot Hand In	
Destination Country <u>South Africa</u> Botswana Lesotho Namibia Swaziland Other (Please Specify)		Sender's Reference <u>UT12504466</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 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>17/05/18</u>				Total Mass (Kg)	
Total Parcels <u>1</u>		NO. OF PARCELS PER DIMENSIONS <u>1</u> LENGTH (CM) <u>1</u> WIDTH (CM) <u>1</u> HEIGHT (CM) <u>1</u>				Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>MITCHELL</u>	
Date Received: <u>21/05/18</u>		Time Received: <u>0945</u>				Received By UTI Name Of Courier (PLEASE PRINT CLEARLY) <u>Chapra</u>	
Signature: <u>[Signature]</u>		Date Received: <u>18/05/18</u>				Time Received: <u>1015</u>	
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>	

POD COPY