

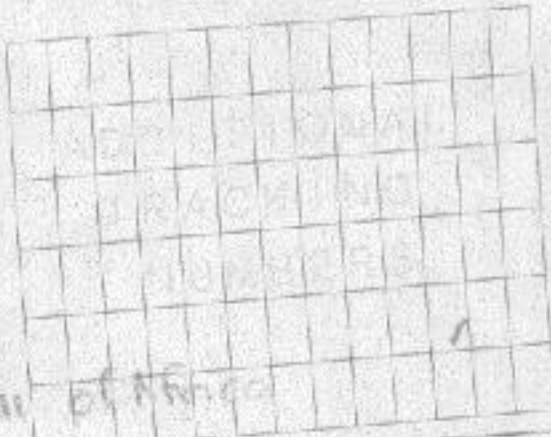
CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 53, The Reeds 0061  
Tel (012) 673-2000  
Reg No. 2004/015747/07  
VAT Reg. No. 426/0213873



SUBBD22731743



Sender's Details

Company Name: **LE CREUSET - MALL OF AFRICA**  
Street Address: **SHOP 2040**  
**CNR ALLENDALE ROAD & BEN SCHODMAN HIGHWAY**  
Suburb: **WATERFALL ESTATE**  
City/Town: **MID** Postal Code: **2066**  
Contact: **CASSANDRA**  
Phone: **011 568 2097**

Consignee's Details. Full Street Address Please

Company Name: **Le Creuset - Mall of the South**  
Street Address: **c/o Kliprivierdorp and Swartkoppies Road**  
**Aspen Road**  
Suburb: **Aspen Hills**  
City/Town: **JHB** Postal Code: **2000**  
Contact: **Ellen Seroto**  
Phone: **010 500 0223**

Mark Service Required

☐ Same Day

☐ Express

☐ With Sunrise Option

☐ With Saturday Service

☐ Public Holiday Service

☐ Economy

☐ After Hours

☐ BLNS Customs Tariff

☐ Depot Hand In

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **027766**

Bill To: ☒ Sender ☐ Consignee ☐ Other (Name Please) ☐

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).

**Iselane** 05-07-16  
SENDER'S AUTHORISED SIGNATURE DATE

Total Mass (Kg)

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

NO. OF PARCELS PER DIMENSIONS

LENGTH (CM) WIDTH (CM) HEIGHT (CM)

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)  
**MAHUME**  
Date Received: **190710**  
Time Received: **1206**

Received By UTI

Name Of Courier (PLEASE PRINT CLEARLY)  
**Wp Co**  
Date Received: **090710**  
Signature: **[Signature]**  
Time Received: **1315**

POD COPY

Contract ID: 2070