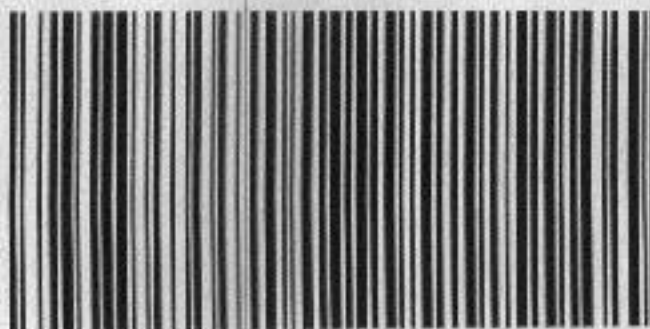


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 83, The Reeds 6061
Tel: (012) 573-2000
Reg. No. 2004/016747/07
VAT Reg. No. 4260213873



SUBBD21760646

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name	Kloppers Loch Logan	Company Name	Le Creuset			<input type="checkbox"/> Same Day	
Street Address	Loch Logan Waterfront Henry Street	Street Address	Unit 5 Heron park Oliver Groove Industrial East			<input type="checkbox"/> Express	
Suburb	Blomfontein	Suburb	Somerset West			<input type="checkbox"/> With Sanrise Option	
City/Town	BEN	City/Town	CAPE TOWN			<input type="checkbox"/> With Saturday Service	
Contact	Elizabeth	Contact	Helen			<input type="checkbox"/> Public Holiday Service	
Phone	0514005500	Phone	021-8517178			<input type="checkbox"/> Economy	
Destination Country	South Africa <input checked="" type="checkbox"/>	Lesotho	Namibia	Swaziland	Other	<input type="checkbox"/> After Hours	
Sender's Reference	UTI 9114759				<input type="checkbox"/> BLNS Customs Tariff		
SPECIAL INSTRUCTIONS						<input type="checkbox"/> Depot Hand In	
Bill Charges To Account No.	027760	Bill To	Consignee	Other	<input type="checkbox"/> If Consignee Or Other (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 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).</p>							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number					
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)		
1							
Goods received in full without damage (unless endorsed)				Received By UTI			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
MAX CAAC				H10N1			
Date Received:		Time Received:		Date Received:		Time Received:	
15/08/16		0905		15/08/16		1650	
Signature:				Signature:			

Version Control (09/2010)