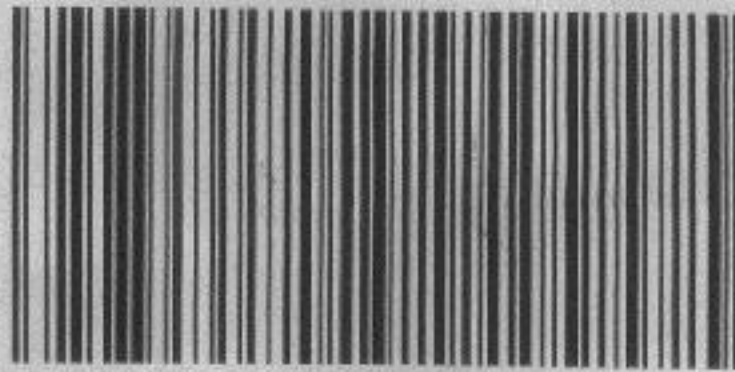


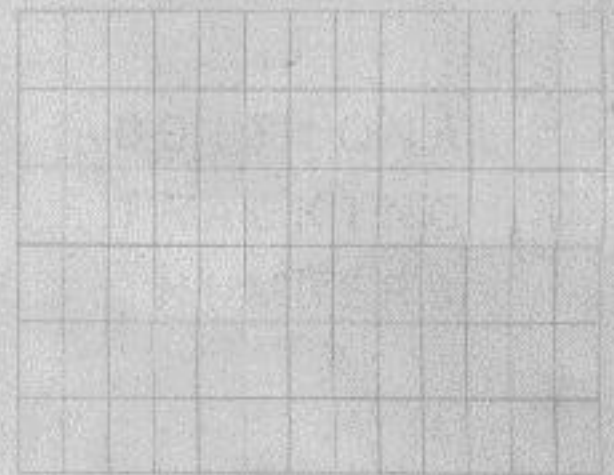
CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd
t/a UTI Distribution
PO Box 63 The Reeds 0081
Tel: (012) 673-2000
Reg. No. 2004/018747/07
VAT Reg. No. 4280213873



SUBBD21863504



Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: LE CREUSET NICOLWAY		Company Name:		<input type="checkbox"/> Same Day	
Street Address: WILLIAM NICOL DR		Street Address: 1 Stellenbosch Complex		<input checked="" type="checkbox"/> With Sunrise Option	
WILLIAM NICOL SHOPPING CENTR		250 Ann Road		<input type="checkbox"/> With Saturday Service	
Suburb: BRYANSTON		Suburb: Creasta		<input type="checkbox"/> Public Holiday Service	
City/Town: JNB Postal Code: 2021		City/Town: JNB Postal Code:		<input type="checkbox"/> Economy	
Contact: STEPHANIE		Contact: Christine / Hans		<input type="checkbox"/> After Hours	
Phone: 011 706 2198		Phone: 083 336 4729 / 079 173 3022		<input type="checkbox"/> BLNS Customs Tariff	
Destination Country: South Africa		Destination Country: South Africa		<input type="checkbox"/> Depart Hand In	
Sender's Reference: UT19086317		Analysis Code:		<input type="checkbox"/> Total Mass (Kg)	
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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).					
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)			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): BUSISIWE					
Date Received: 12/08/16 Signature: B.M.		Received By UTI Name Of Courier (PLEASE PRINT CLEARLY): T. Khan Date Received: 12/08/16 Time Received: 1600 Signature:			

POD COPY

Version Control: (06/2011)