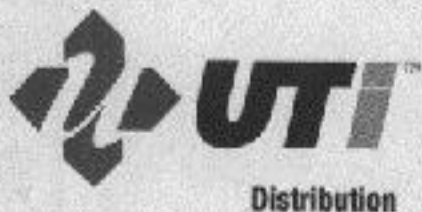


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTI South Africa (Pty) Ltd  
t/a UTI Distribution  
PO Box 53, The Reeds 0061  
Tel (012) 873-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4280213873



SUBBD22896496



Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <b>LE CREUSET NICOLWAY</b> Street Address <b>WILLIAM NICOL DR</b> <b>WILLIAM NICOL SHOPPING CENTR</b>		Company Name <b>LE CREUSET SANDTON</b> Street Address <b>PHOB L339 - SANDTON CITY</b> <b>158 - 5TH STREET.</b> <b>SANDTON EXTENSION 3</b> <b>SANDTON</b>		<input type="checkbox"/> Same Day <input checked="" type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service	
Suburb <b>BRYANSTON</b> City / Town <b>JNB</b> Postal Code <b>2021</b>		Suburb <b>SANDTON</b> City / Town <b>JHB</b> Postal Code <b>2001</b>		<input type="checkbox"/> Economy <input type="checkbox"/> After Hours	
Contact <b>STEPHANIE</b> Phone <b>011 706 2198</b>		Contact <b>SPERINA</b> Phone <b>1</b>		<input type="checkbox"/> BLMS Customs Tariff	
Destination Country <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)		Analysis Code		<input type="checkbox"/> Depot Hand In	
<b>SPECIAL INSTRUCTIONS</b>					
Bill Charges To Account No. <b>027766</b>		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)		<input type="checkbox"/> Total Mass (Kg)	
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 <b>[Signature]</b>		DATE <b>15/08/2006</b>	
<b>Total Parcels</b> <b>XI</b>		<b>NO. OF PARCELS PER DIMENSIONS</b> <b>XI</b>		<b>LENGTH (CM)</b> <b>1</b>	
<b>WIDTH (CM)</b> <b>1</b>		<b>HEIGHT (CM)</b> <b>1</b>		<b>Total Mass (Kg)</b>	
<b>Goods received in full without damage (unless endorsed)</b> Name Of Receiver (PLEASE PRINT CLEARLY) <b>Ntshobogeni</b>			<b>Received By UTI</b> Name Of Courier (PLEASE PRINT CLEARLY) <b>[Signature]</b>		
Date Received: <b>16/08/06</b>			Date Received: <b>10/08/06</b>		
Time Received: <b>10:19:25</b>			Time Received: <b>10:19:25</b>		
Signature: <b>[Signature]</b>			Signature: <b>[Signature]</b>		

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