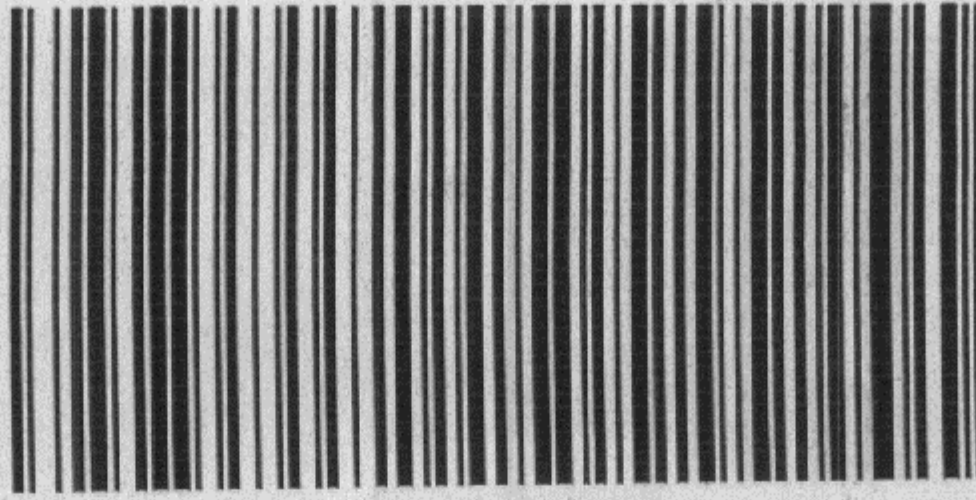


# CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD23490603

*Damages*

ADDITIONAL									
TRACKING									
NUMBERS									

<b>Sender's Details</b> Company Name <i>Le Crenset</i> Street Address <i>Bedford Centre Shop U17</i> <i>Cnr. Smith and Vanderlinde</i> Suburb <i>Bedfordview</i> City / Town <i>JHB</i> Postal Code <i>2008</i> Contact <i>Mika</i> Phone <i>011 615 1923</i> 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)		<b>Consignee's Details. Full Street Address Please</b> Company Name <i>Le Crenset</i> Street Address <i>Unit 5 Hebron Park</i> <i>Olive Grove Industrial Estate</i> Suburb <i>SOMERSET West</i> City / Town <i>Cape Town</i> Postal Code <i>7130</i> Contact <i>Jenna (Damages)</i> Phone <i>021 851 7178</i> (Please Specify)		<b>Mark Service Required</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 <input type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff <input type="checkbox"/> Depot Hand In
Sender's Reference <i>UT1 0265853</i>		Analysis Code		
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <i>027766</i>				
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).				
Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)		SENDER'S AUTHORISED SIGNATURE <i>Crenset</i> DATE <i>31.01.2018</i>		
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number				
<b>Total Parcels</b> <div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto; text-align: center; line-height: 50px;">1</div>	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	
HEIGHT (CM)				
<b>Goods received in full without damage (unless endorsed)</b> Name Of Receiver (PLEASE PRINT CLEARLY) <div style="border: 1px solid black; padding: 2px;">LAUREN</div> Date Received: <div style="border: 1px solid black; padding: 2px;">020218</div> Signature: <i>[Signature]</i>		<b>Received By UTI</b> Name Of Courier (PLEASE PRINT CLEARLY) <div style="border: 1px solid black; padding: 2px;">TLORA</div> Date Received: <div style="border: 1px solid black; padding: 2px;">310118</div> Signature: <i>[Signature]</i>		
Time Received: <div style="border: 1px solid black; padding: 2px;">1000</div>		Time Received: <div style="border: 1px solid black; padding: 2px;">1350</div>		
Total Mass (Kg)				

Version Control (08/2010)