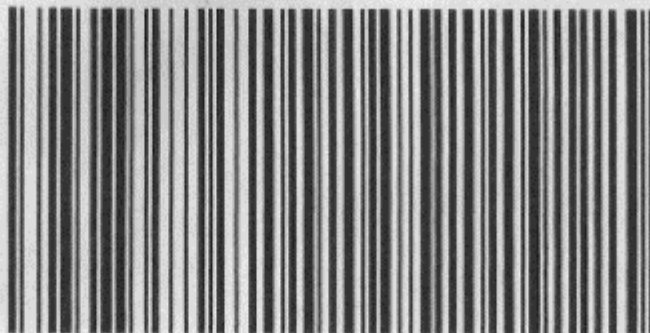


CONTRACT FOR CARRIAGE / DISPATCH NOTE



UTi South Africa (Pty) Ltd
t/a UTi Sun Couriers
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBCD26250228

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name LE CREUSET		Company Name LE CREUSET CPT						<input type="checkbox"/> Same Day	
Street Address SHOP UL 262,		Street Address UNIT 5, HERON PARK						<input checked="" type="checkbox"/> Express	
PAVILION SHOPPING CENTRE		OLIVE GROVE IND ESTATE						<input type="checkbox"/> With Sunrise Option	
JACK MAARTIENS DRIVE		SOMERSET WEST						<input type="checkbox"/> With Saturday Service	
Suburb WESTVILLE		Suburb						<input type="checkbox"/> Public Holiday Service	
City / Town DUR Postal Code 4000		City / Town SOMERSET WEST (SSW) Postal Code 8000						<input type="checkbox"/> Economy	
Contact RASHREE / TRISINA		Contact CARMEN						<input type="checkbox"/> After Hours	
Phone 031 265 8455		Phone 021 851 7178						<input type="checkbox"/> BLNS Customs Tariff Lines	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Sender's Reference UT12471640		Analysis Code							
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. 027766		Bill To Sender <input checked="" type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		<input type="checkbox"/> Depot Hand In	
If Consignee Or 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 SUN COURIERS LIMITS ITS LIABILITY TO R250,00 PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH UTI SUN COURIERS TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSES 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		Dimensions In Centimetres		HEIGHT		Mass (kg)	
1		1 X FL4ER		LENGTH		WIDTH		MASS (kg)	
Goods received in full without damage (unless endorsed)					Received by UTI				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
CARMEN					Aaron				
Date Received:					Date Received:				
170518					160518				
Time Received:					Time Received:				
0840					1630				
Signature C. Grove					Signature				



Original POD Required
P.O. Box