

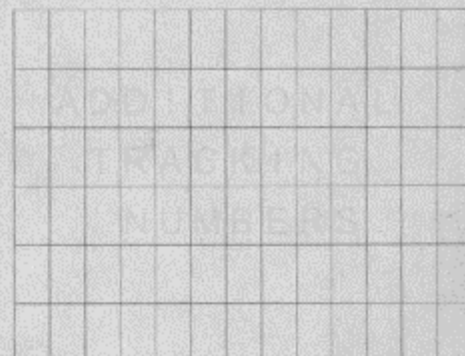
# CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213873



SUBBD25003778



Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSET CRESTA</b>		Company Name <b>LE CREUSET S.A</b>				<input type="checkbox"/> Same Day	
Street Address <b>CRESTA SHOPPING CENTRE</b>		Street Address <b>UNIT 5 HERON PARK</b>				<input type="checkbox"/> Express	
Suburb <b>U41 UPPER LEVEL</b>		Suburb <b>OLIVE GROVE BUSINESS PARK</b>				<input type="checkbox"/> With Sunrise Option	
City/Town <b>BYERS NAUDE DRIVE</b>		City/Town <b>THE INTERCHANGE</b>				<input type="checkbox"/> With Saturday Service	
Postal Code <b>RANDBURG</b>		Postal Code <b>SOMERSET WEST</b>				<input type="checkbox"/> Public Holiday Service	
Contact <b>SISA</b>		Contact <b>JENNA FRANCHI</b>				<input checked="" type="checkbox"/> Economy	
Phone <b>011 476 6010</b>		Phone				<input type="checkbox"/> After Hours	
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference <b>ASSESSMENT 29CM MAMA</b>		Analysis Code				BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>		<b>CASSEROLE</b>				1. ONLINE <input type="checkbox"/>	
Bill Charges To Account No. <b>2776</b>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>				3. EFT <input type="checkbox"/>	
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 12.4 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH DSV 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).		<div style="text-align: center;">   <b>SENDER'S AUTHORISED SIGNATURE</b> </div>				<div style="text-align: center;"> <b>06/07/2018</b>  <b>DATE</b> </div>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number				Total Mass (Kg)	
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)		
<b>1</b>							
Goods received in full without damage (unless endorsed)		Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)					
<b>BASIL</b>		<b>SPHRAIM</b>					
Date Received:		Time Received:		Date Received:		Time Received:	
<b>090718</b>		<b>0907</b>		<b>060718</b>		<b>1509</b>	
Signature:		Signature:					

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