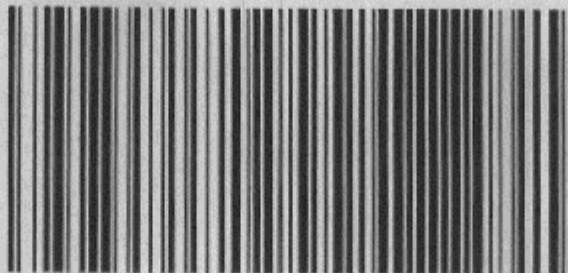


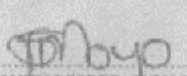
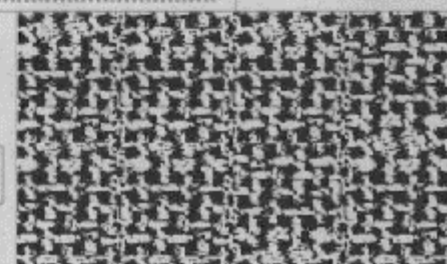


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Raeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4280213873



SUBBD25003775

Sender's Details			Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>le Creuset Cresta</u>			Company Name <u>le - Creuset S.A</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop 441</u> <u>Cresta shopping center</u> <u>Beyers Naude drive</u>			Street Address <u>Unit 5 Heron Park</u> <u>Olive Grove Park.</u>				<input checked="" type="checkbox"/> Express	
Suburb <u>Randburg</u>			Suburb <u>Somerset West</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>Johannesburg</u>		Postal Code	City / Town <u>CAPETOWN</u>		Postal Code	<input type="checkbox"/> With Saturday Service		
Contact <u>SISA</u>			Contact <u>VICKY</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>011 476 6010</u>			Phone <u>021 851 7178</u>				<input type="checkbox"/> Economy	
Destination Country			Other (Please Specify)				<input type="checkbox"/> After Hours	
South Africa							<input type="checkbox"/> BLNS Customs Tariff	
Botswana								
Lesotho								
Namibia								
Swaziland								
Sender's Reference			Analysis Code					
SPECIAL INSTRUCTIONS								
Bill Charges To Account No. <u>027766</u>			Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>				<input type="checkbox"/> 1. ONLINE	
			If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.				<input type="checkbox"/> 3. EFT	
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, 12.5 AND 12.7 OVERLEAF).			 SENDER'S AUTHORISED SIGNATURE				<u>18/06/2018</u> DATE	
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)	
1			Flyer				WIDTH (CM)	
							HEIGHT (CM)	
Goods received in full without damage (unless endorsed)			Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY)			Name Of Courier (PLEASE PRINT CLEARLY)					
<u>Adeline</u>			<u>EPHRAIM</u>					
Date Received: <u>19/06/18</u>			Date Received: <u>18/06/18</u>					
Time Received: <u>08:44</u>			Time Received: <u>1:33 PM</u>					
Signature: 			Signature: 					

POD COPY

Version Control (05/2016)