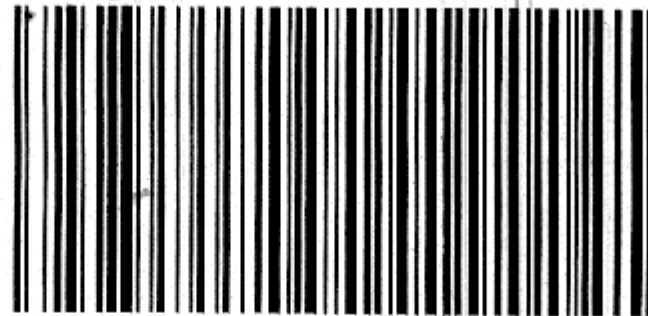


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



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|--|--|---|--|--|---|-------------------------|-------------------------------|--|--|---------------------------------|--|
| Sender's Details | | | | Consignee's Details. Full Street Address Please | | | | Mark Service Required | | | |
| Company Name LE CREUSET HEAD OFFICE | | | | Company Name LE CREUSET BAYWEST MALL | | | | <input type="checkbox"/> Same Day | | | |
| Street Address UNIT 5, HERON PA OLIVE GROVE IND. ESTATE OLD PAARDEVLEI RD | | | | Street Address LG43 BAYWEST MA | | | | <input type="checkbox"/> Express | | | |
| Suburb SOMERSET WEST | | | | Suburb PORT ELIZABETH | | | | <input type="checkbox"/> With Sunrise Option | | | |
| City / Town CPT | | Postal Code 7150 | | City / Town PLZ | | Postal Code 6001 | | <input type="checkbox"/> With Saturday Service | | | |
| Contact JASHIN FRASER | | | | Contact RENE NEUFELDT | | | | <input type="checkbox"/> Public Holiday Service | | | |
| Phone 021 851 7178 | | | | Phone 041 004 0011 | | | | <input checked="" type="checkbox"/> Economy | | | |
| Dest nation Country | | South Africa <input checked="" type="checkbox"/> | | Botswana | | Lesotho | | Namibia | | | |
| | | Swaziland | | Other (Please Specify) | | | | <input type="checkbox"/> After Hours | | | |
| Sender's Reference | | | | Analysis Code | | | | <input type="checkbox"/> BLNS Customs Tariff | | | |
| SPECIAL INSTRUCTIONS | | | | | | | | | | | |
| Bill Charges To Account No. 027766 | | Bill To <input checked="" type="checkbox"/> Consignee | | Other (Name Please) | | LE CREUSET | | <input type="checkbox"/> 1. ONLINE | | | |
| 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 12.6, 12.8 AND 12.7 OVERLEAF). | | | | | | | | | | | |
| e-mail / Fax / Proof of Delivery <input type="checkbox"/> | | | | e-mail Address / Fax Number | | | | | | <input type="checkbox"/> 3. EFT | |
| Total Parcels | | NO. OF PARCELS PER DIMENSIONS | | LENGTH (CM) | | WIDTH (CM) | | HEIGHT (CM) | | | |
| <input type="text" value="2"/> | | BOX | | 35 | | 35 | | 45 | | | |
| | | TUBE | | 48 | | 8 | | 8 | | | |
| Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) TAMKELA | | | | | Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Arbon | | | | | | |
| Date Received: 270818 | | Time Received: 1423 | | | Date Received: 24 8 18 | | Time Received: 1630 | | | | |
| Signature: | | | | | Signature: | | | | | | |

POD COPY

Version Control (05/2010)