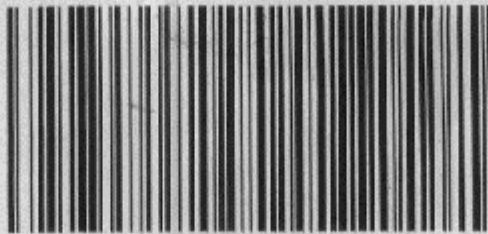


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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. 4280213873



SUBBD25131721

ADDITIONAL					
TRACKING					
NUMBERS					

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name LE CREUSET HEAD OFFICE		Company Name LE CREUSET HYDE PARK				<input type="checkbox"/> Same Day
Street Address UNIT 5, HERON PA OLIVE GROVE IND. ESTATE OLD PAARDEVLEI RD		Street Address SHOP 71, UPPER M HYDE PARK C/O JAN SMUTS & 6TH AVE				<input checked="" type="checkbox"/> Express
Suburb SOMERSET WEST		Suburb HYDE PARK				<input type="checkbox"/> With Sunrise Option
City/Town CPT Postal Code 7130		City/Town JNB Postal Code 2196				<input type="checkbox"/> With Saturday Service
Contact JASHIN FRASER		Contact PATRICIA HOUGH				<input type="checkbox"/> Public Holiday Service
Phone 021 851 7178		Phone 011 325 5606				<input type="checkbox"/> Economy
Destination Country		(Please Specify)				<input type="checkbox"/> After Hours
South Africa		Botswana Lesotho Namibia Swaziland Other				<input type="checkbox"/> BLNS Customs Tariff
Sender's Reference P05209		Analysis Code				<input type="checkbox"/> 1. ONLINE
SPECIAL INSTRUCTIONS						<input type="checkbox"/> 3. EFT
Bill Charges To Account No. 027766		Bill To <input type="checkbox"/> Sender <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>				Total Mass (Kg)
If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.						
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).						11/6/18
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number					SENDER'S AUTHORIZED SIGNATURE	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)
HEIGHT (CM)		1				
Goods received in full without damage (unless endorsed)				Received By DSV		
Name Of Receiver (PLEASE PRINT CLEARLY) REFICWE				Name Of Courier (PLEASE PRINT CLEARLY) P05209		
Date Received: 120618		Time Received: 11124		Date Received: 110618		
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>				

POD COPY

Version Control (04/2016)