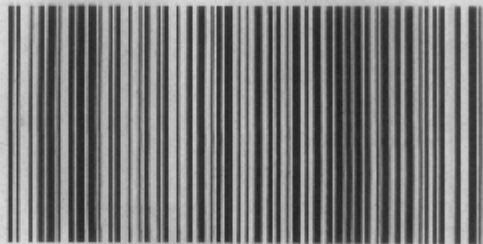


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD25131732

<del>Substituted</del>	
ADDITIONAL	
TRACKING	
NUMBERS	

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <b>LE CREUSET HEAD OFFICE</b>		Company Name <b>LE CREUSET KILLARNEY</b>		<input type="checkbox"/> Same Day	
Street Address <b>UNIT 5, HERON PA OLIVE GROVE IND. ESTATE</b>		Street Address <b>SHOP 100 KILLARNEY MALL</b>		<input type="checkbox"/> Express	
<b>OLD PAARDEVLEI RD</b>		<b>60 RIVIERA ROAD</b>		<input type="checkbox"/> With Sunrise Option	
Suburb <b>SOMERSET WEST</b>		Suburb <b>KILLARNEY</b>		<input type="checkbox"/> With Saturday Service	
City/Town <b>CPT</b> Postal Code <b>7180</b>	City/Town <b>JNB</b> Postal Code <b>2193</b>			<input type="checkbox"/> Public Holiday Service	
Contact <b>JASHIN FRASER</b>	Contact <b>SIZA NDLOVU</b>			<input checked="" type="checkbox"/> Economy	
Phone <b>021 851 7178</b>	Phone <b>011 646 6316</b>			<input type="checkbox"/> After Hours	
Destination Country <b>South Africa</b>	Destination Country <b>South Africa</b>			<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference	Analysis Code			<input type="checkbox"/> 1. ONLINE	
<b>SPECIAL INSTRUCTIONS</b>				<input type="checkbox"/> 3. EFT	
Bill Charges To Account No. <b>027766</b>	Bill To <input type="checkbox"/> Sender <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)				
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		SENDER'S AUTHORISED SIGNATURE <b>11/6/18</b>	
Total Parcels <b>1</b>		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM) <b>50</b>	WIDTH (CM) <b>28</b>	HEIGHT (CM) <b>34</b>
			<b>815</b>		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>ZAMA</b>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>Vaceq</b>		Total Mass (Kg) <b>16</b>	
Date Received: <b>310718</b>		Time Received: <b>0423</b>			
Signature: <b>Zwazind</b>		Signature: <b>[Signature]</b>			

POD COPY

Version Control: 08/2010