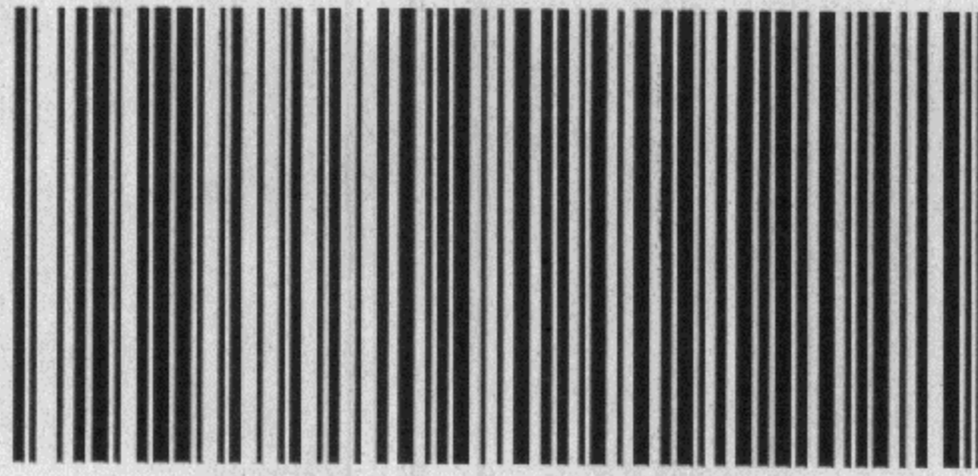


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD25131872

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: LE CREUSET HEAD OFFICE				Company Name: LE CREUSET WATERSTONE				<input type="checkbox"/> Same Day	
Street Address: UNIT 5, HERON PA OLIVE GROVE IND. ESTATE OLD PAARDEVLEI RD				Street Address: SHOP 30 WATERSTONE VILLAGE SOMERSET WEST				<input checked="" type="checkbox"/> Express	
Suburb: SOMERSET WEST				Suburb: CAPE TOWN				<input type="checkbox"/> With Sunrise Option	
City / Town: CPT		Postal Code: 7130		City / Town: CPT		Postal Code: 7130		<input type="checkbox"/> With Saturday Service	
Contact: JASHIN FRASER				Contact: ELIZE DU PLESSIS				<input type="checkbox"/> Public Holiday Service	
Phone: 021 851 7178				Phone: 021 851 1982				<input type="checkbox"/> Economy	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
Swaziland		Other (Please Specify)		Analysis Code		Analysis Code		After Hours	
Sender's Reference: P25090				Analysis Code				BLNS Customs Tariff	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. 027766		Bill To <input type="checkbox"/> Sender		<input checked="" type="checkbox"/> Consignee		<input type="checkbox"/> Other (Name Please)		1. ONLINE <input type="checkbox"/>	
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).									
e-mail / Fax / Proof of Delivery <input type="checkbox"/>						e-mail Address / Fax Number			
Total Parcels									
NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)		Total Mass (Kg)	
1									
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY) Famke					Name Of Courier (PLEASE PRINT CLEARLY) UAE				
Date Received: 120618		Time Received: 0907			Date Received: 110618		Time Received: 111650		
Signature: <i>[Signature]</i>					Signature: <i>[Signature]</i>				

POD COPY

Version Control (06/2016)

