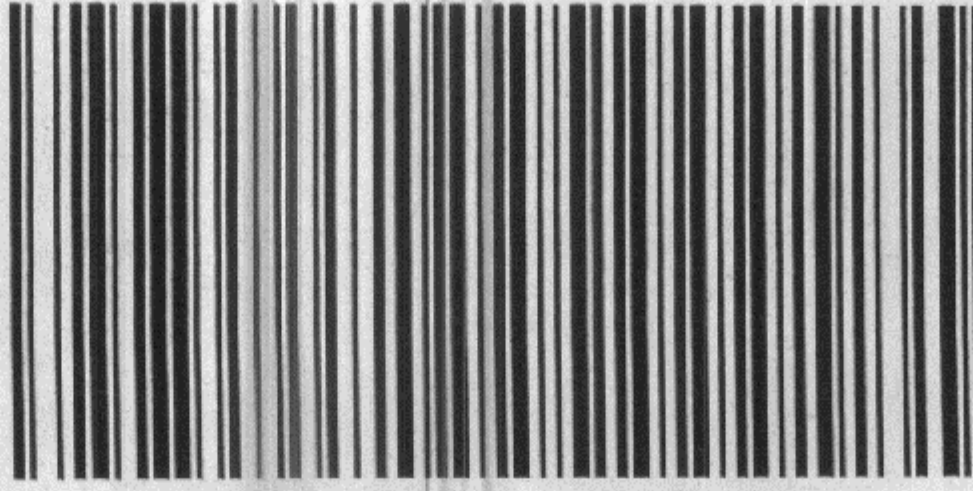


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD25505556

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name	Le Creuset Merilyn	Company Name	Le Creuset
Street Address	Shop 12 Merilyn Maine January Masitela Amarand Drive Waterkloof ext 2	Street Address	Unit 5 Heron Park Industrial Estate Old Paardevel Road Somerset
Suburb	Waterkloof ext 2	Suburb	Somerset
City / Town	Pretoria	City / Town	Cape Town
Postal Code	0108	Postal Code	
Contact	Jan	Contact	Franci
Phone	012 004 0082	Phone	

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)

Sender's Reference: UT10800516 Analysis Code: [] [] [] [] [] [] [] [] [] []

SPECIAL INSTRUCTIONS

Bill Charges To Account No. 027766

Bill To: Sender Consignee Other (Name Please)

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).

Sender's Signature: *[Signature]* DATE: 22/02/2018

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1	Box			

1. ONLINE

3. EFT

Total Mass (Kg)

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY): XAVIER

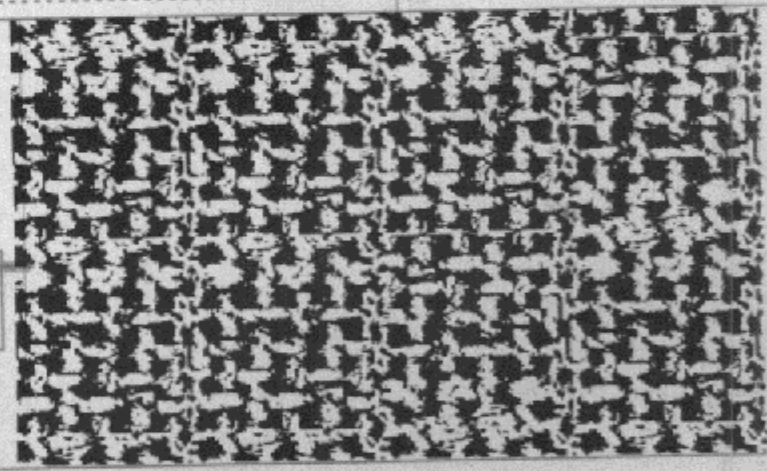
Date Received: 260218 Time Received: 09:30

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY): [Signature]

Date Received: 22/02/2018 Time Received: 17:25

Signature: *[Signature]*

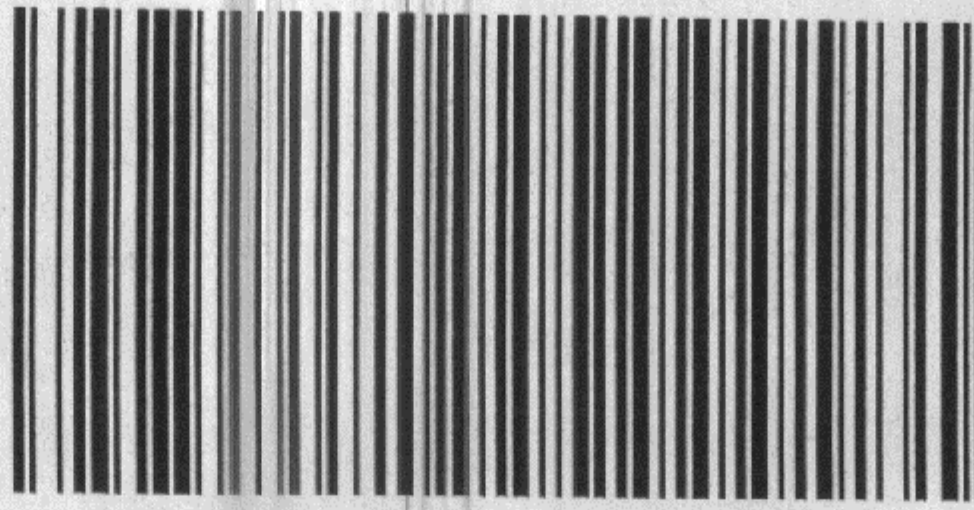


Version Control (06/2016)

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



SUBBD25505556

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name	Le Creuset Merilyn	Company Name	Le Creuset			<input type="checkbox"/> Same Day
Street Address	Shop 12 Merilyn Maine January Masilela Amarand Drive Waterkloof ext 2	Street Address	Unit 5 Heron Park Industrial Estate Old Paardeklei Road Somerset			
Suburb	Waterkloof ext 2	Suburb	Somerset			<input type="checkbox"/> Express
City / Town	Pretoria	City / Town	Cape Town			<input type="checkbox"/> With Sunrise Option
Postal Code	0108	Postal Code				<input type="checkbox"/> With Saturday Service
Contact	Jan	Contact	Franci			<input type="checkbox"/> Public Holiday Service
Phone	012 004 0082	Phone				<input checked="" type="checkbox"/> Economy
Destination Country	South Africa <input checked="" type="checkbox"/>	Botswana	Lesotho	Namibia	Swaziland	<input type="checkbox"/> After Hours
Other	(Please Specify)					<input type="checkbox"/> BLNS Customs Tariff
Sender's Reference	UT10800516		Analysis Code			<input type="checkbox"/> 1. ONLINE
SPECIAL INSTRUCTIONS						
Bill Charges To Account No.	027766	Bill To Sender	<input type="checkbox"/>	Consignee	<input type="checkbox"/>	<input type="checkbox"/> 3. EFT
		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 12.5, 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		Box				
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)			
XAVIER			[Signature]			
Date Received:		Time Received:		Date Received:		
260218		09:30		260218		
Signature: [Signature]			Signature: [Signature]			

POD COPY

Version Control (06/2016)