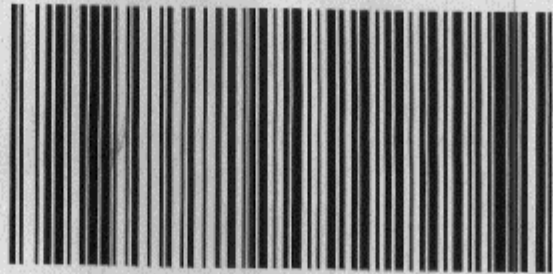


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
t/a DSV Distribution  
PO Box 53, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213873



SUBBD25505559


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name <u>Le Creuset</u>		Company Name <u>Le Creuset</u>				<input type="checkbox"/> Same Day
Street Address <u>Shop 12 Menly Maine</u>		Street Address <u>Unit 5 Heron Park, Olive Grove</u>				<input type="checkbox"/> Express
Cr. <u>January Masileke Aramist Dr.</u>		Industrial, Estate,				<input type="checkbox"/> With Sunrise Option
<u>Waterkloof ext. 2</u>		<u>Old Paardevlei Rd.</u>				<input type="checkbox"/> With Saturday Service
Suburb <u>Waterkloof</u>		Suburb <u>Somerset West</u>				<input type="checkbox"/> Public Holiday Service
City/Town <u>Pretoria</u>	Postal Code <u>0181</u>	City/Town <u>Cape Town</u>	Postal Code <u>8001</u>		<input checked="" type="checkbox"/> Economy	
Contact <u>Toni</u>		Contact <u>Helena</u>			<input type="checkbox"/> After Hours	
Phone <u>012 004 0052</u>		Phone <u>021 851 7178</u>			BLNS Customs Tariff	
Destination Country	<input checked="" type="checkbox"/> South Africa	<input type="checkbox"/> Botswana	<input type="checkbox"/> Lesotho	<input type="checkbox"/> Namibia	<input type="checkbox"/> Swaziland	<input type="checkbox"/> Other (Please Specify)
Sender's Reference <u>UT10545840</u>	Analysis Code				<input type="checkbox"/> 1. ONLINE	
<b>SPECIAL INSTRUCTIONS</b>						
Bill Charges To Account No. <u>27766</u>	Bill To <input type="checkbox"/> Sender	Consignee <input type="checkbox"/>	Other <input type="checkbox"/> (Name Please)			<input type="checkbox"/> 3. EFT
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).						
				<u>[Signature]</u>	<u>12/02/2018</u>	Total Mass (Kg)
e-mail / Fax / Proof of Delivery <input type="checkbox"/>				e-mail Address / Fax Number		
<b>Total Parcels</b>	<b>NO. OF PARCELS PER DIMENSIONS</b>	<b>LENGTH (CM)</b>	<b>WIDTH (CM)</b>	<b>HEIGHT (CM)</b>		
<u>1</u>						
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Mason</u>			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>Franco</u>			
Date Received: <u>14/02/18</u>		Time Received: <u>09:30</u>		Date Received: <u>14/02/18</u>		
Time Received: <u>09:30</u>		Time Received: <u>09:30</u>				
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>				

POD COPY

Version Control (04/2016)