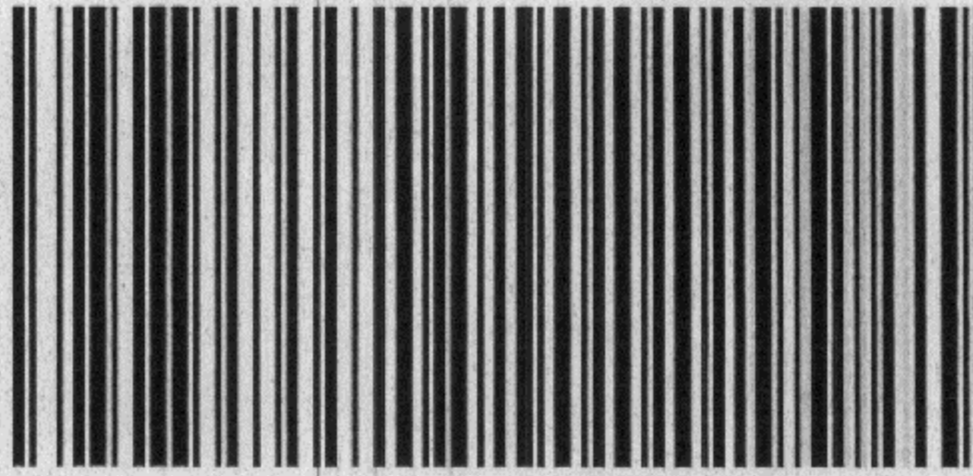


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD25699960

Banking File

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required					
Company Name LE CREUSET Street Address LE CREUSET BAYWEST MALL CO. REG.: 1997/021366/07 VAT: 4160178069 Suburb Email baywest.store.z@lecreuset.com Contact Rene Neufeldt Phone 041 004 0011		Company Name LE CREUSET Warehouse Street Address Unit 5, Heron Park, Olive Grove Industrial Estate, Old Paardevlei Road Suburb Somerset West City / Town Cape Town Postal Code 7100 Contact Chire Boun Phone 021 851 7178				<input type="checkbox"/> Same Day <input checked="" type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff					
Destination Country: South Africa, Botswana, Lesotho, Namibia, Swaziland, Other (Please Specify)		Sender's Reference ATI		Analysis Code		<input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT					
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> 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 AUTHORISED SIGNATURE Kubon DATE 02/05/2018 Total Mass (Kg) 1					
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)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) J BENARD Date Received: 03 05 18 Time Received: 09 04 Signature: <i>[Signature]</i>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) XOLANI Date Received: 02 04 18 Time Received: 13 57 Signature: <i>[Signature]</i>									

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Version Control (06/2016)