

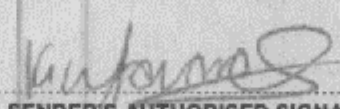
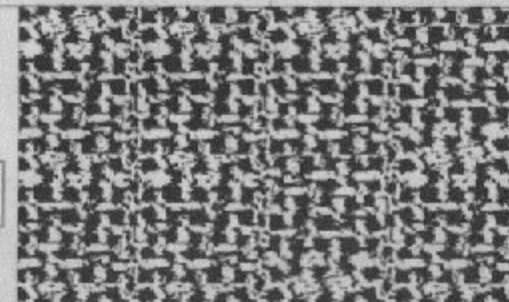
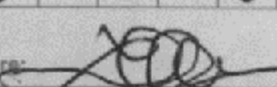

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD25699967

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required			
Company Name <u>Le Creuset Baynes</u>				Company Name <u>Le Creuset Warehouse</u>				<input type="checkbox"/> Same Day			
Street Address <u>Sap 1543, Lower level, NZ, Baywest Mall, Walker Drive extension</u>				Street Address <u>Unit 5, Heron Park Olive grove, industrial estate, old paddewlei road</u>				<input type="checkbox"/> Express			
Suburb <u>Walker Drive extension</u>				Suburb <u>Somerset west</u>				<input type="checkbox"/> With Sunrise Option			
City / Town <u>P.E</u>		Postal Code <u>6001</u>		City / Town <u>Capetown</u>		Postal Code <u>7100</u>		<input type="checkbox"/> With Saturday Service			
Contact <u>Kene</u>				Contact <u>Carmen</u>				<input type="checkbox"/> Public Holiday Service			
Phone <u>041 004 0011</u>				Phone <u>021 351 7178</u>				<input checked="" type="checkbox"/> Economy			
Destination Country		South Africa		Botswana		Lesotho		<input type="checkbox"/> After Hours			
		Namibia		Swaziland		Other (Please Specify)		<input type="checkbox"/> BLNS Customs Tariff			
Sender's Reference <u>UT12448048</u>				Analysis Code							
SPECIAL INSTRUCTIONS											
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <input type="checkbox"/>			
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				15/05/2018 DATE		3. EFT <input type="checkbox"/>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>				e-mail Address / Fax Number						Total Mass (Kg)	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)			
1		1		36		23		1			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>LAUREN</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>XOLANI</u>							
Date Received: <u>16 05 18</u>		Time Received: <u>09 01</u>		Date Received: <u>15 05 18</u>		Time Received: <u>13 18</u>					
Signature: 				Signature: 							
Version Control: 105/2016											