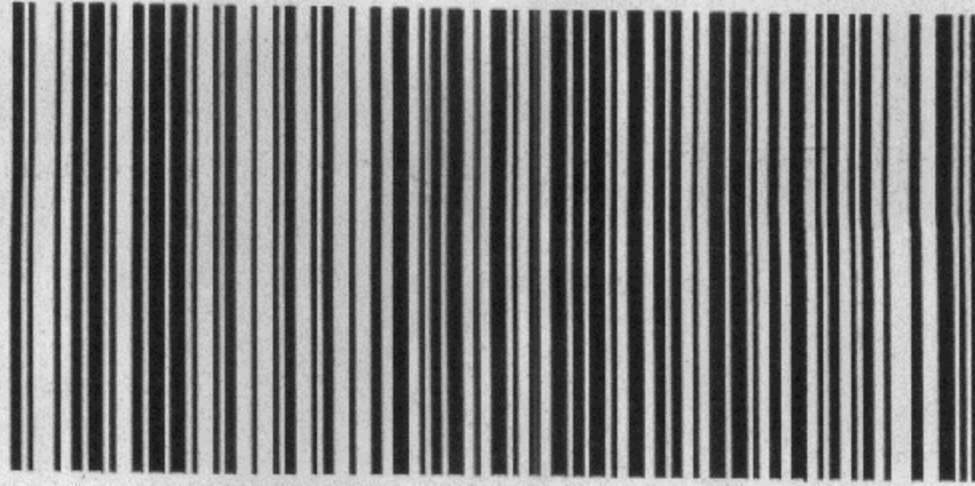


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD25871489

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET		Company Name LE CREUSET				<input type="checkbox"/> Same Day	
Street Address UNIT 7, OUDE HOEK CNR CHURCH & ANDRINGA STREET		Street Address SHOP 513, UPPER LEVEL, TYGERVALLEY CENTRE BAMBENZUIDENHOUT ROAD				<input type="checkbox"/> Express	
Suburb STELLENBOSCH		Suburb BELLEVILLE				<input type="checkbox"/> With Sunrise Option	
City / Town CAPE TOWN Postal Code 7140		City / Town CAPE TOWN Postal Code 7530				<input type="checkbox"/> With Saturday Service	
Contact CHERYL		Contact Lize-Marie				<input type="checkbox"/> Public Holiday Service	
Phone 021 300 3168		Phone 021 914 705				<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa				<input type="checkbox"/> After Hours	
Botswana		Lesotho				<input type="checkbox"/> BLNS Customs Tariff	
Namibia		Swaziland				<input type="checkbox"/> 1. ONLINE	
Other (Please Specify)		Analysis Code				<input type="checkbox"/> 3. EFT	
Sender's Reference UTI9659599		Analysis Code				<input type="checkbox"/> Total Mass (Kg)	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <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)	
1							
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
LARA							
Date Received:		Time Received:		Date Received:		Time Received:	
040118		1100		30118		1600	
Signature:				Signature:			

POD COPY

Version Control (06/2016)