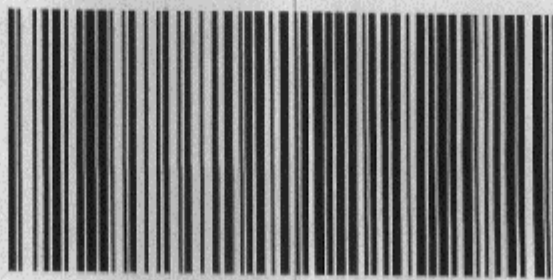


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
 t/a DSV Distribution
 PO Box 63, The Reads 0651
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213873



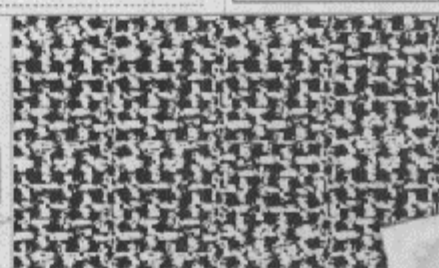
SUBBD25979576

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <i>Le Creuset Gateway</i>		Company Name <i>Le Creuset HEAD OFFICE</i>				<input type="checkbox"/> Same Day	
Street Address <i>SHOP G158, GATEWAY THEATRE OF SHOPPING 1 PALM BOULEVARD. UMHLANGA RIDGE</i>		Street Address <i>UNIT 5, HERON PARK OLIVE GROVE INDUSTRIAL SOMERSET WEST</i>				<input checked="" type="checkbox"/> Express	
Suburb		Suburb				<input type="checkbox"/> With Sunrise Option	
City/Town		City/Town <i>CAPE TOWN</i>				<input type="checkbox"/> With Saturday Service	
Postal Code		Postal Code				<input type="checkbox"/> Public Holiday Service	
Contact <i>CASSANDRA</i>		Contact <i>LISA HR</i>				<input type="checkbox"/> Economy	
Phone <i>011 100</i>		Phone <i>021 851 7178</i>				<input type="checkbox"/> After Hours	
Destination Country		Destination Country				<input type="checkbox"/> BLNS Customs Tariff	
South Africa		South Africa					
Botswana		Botswana					
Lesotho		Lesotho					
Namibia		Namibia					
Swaziland		Swaziland					
Other (Please Specify)		Other (Please Specify)					
Sender's Reference		Analysis Code					
SPECIAL INSTRUCTIONS							
Bill Charges To Account No.		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		Flyer		0			
HEIGHT (CM)							
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
LISA				NICE/O			
Date Received:		Time Received:		Date Received:		Time Received:	
130318		0831		120318		1650	
Signature: <i>Jelbeer</i>				Signature: <i>[Signature]</i>			

1. ONLINE

3. EFT

Total Mass (Kg)



POD COPY

Version Control (06/2016)