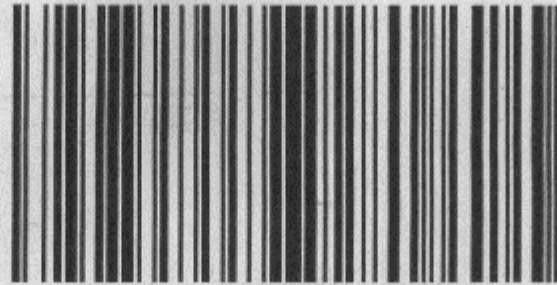


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD26095965


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required			
Company Name <b>LE CREUSET</b>		Company Name <i>Le Creuset South Africa</i>				<input type="checkbox"/> Same Day			
Street Address <b>SHOP 105 GARDEN ROUTE MALL N2 HIGHWAY &amp; KNYSNA RD GEORGE</b>		Street Address <i>Unit 5 Heron Park Olive Grove Park Somerset West</i>				<input type="checkbox"/> Express			
Suburb		Suburb				<input type="checkbox"/> With Sunrise Option			
City / Town <b>GEORGE (GR)</b> Postal Code <b>6546</b>		City / Town <b>Cape Town</b> Postal Code <b>8001</b>				<input type="checkbox"/> With Saturday Service			
Contact <b>ELZANNE</b>		Contact <i>Helen</i>				<input type="checkbox"/> Public Holiday Service			
Phone <b>044 004 0112</b>		Phone <b>021 851 7178</b>				<input checked="" type="checkbox"/> Economy			
Destination Country		Destination Country				<input type="checkbox"/> After Hours			
South Africa		Botswana Lesotho Namibia Swaziland Other (Please Specify)				BLNS Customs Tariff			
Sender's Reference		Analysis Code				1. ONLINE <input type="checkbox"/>			
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>027766</b> 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 12.6 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 <i>[Signature]</i>						DATE			
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 Box							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <i>Elvina</i>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <i>Arnold</i>					
Date Received: <i>12/03/18</i>				Date Received: <i>02/03/18</i>					
Time Received: <i>1005</i>				Time Received: <i>1552</i>					
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>					

POD COPY

Version Control (06/2015)