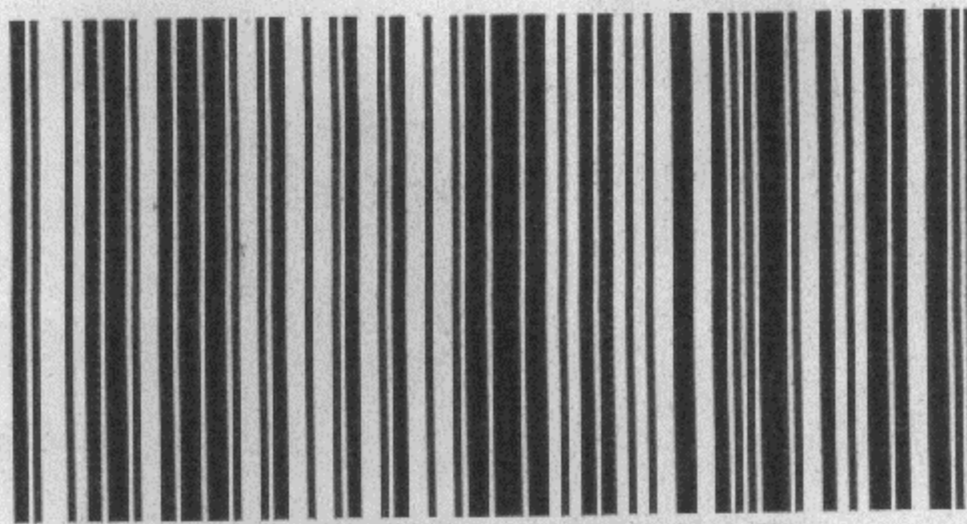


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD26095995


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 (Online Store) Somerset West</i>				
Suburb <b>GEORGE (GE)</b>		Suburb <i>Somerset West</i>				<input type="checkbox"/> Express
City / Town <b>GEORGE (GE)</b> Postal Code <b>6546</b>		City / Town <i>Cape Town</i> Postal Code <b>8001</b>		Postal Code <b>8001</b>		<input type="checkbox"/> With Sunrise Option
Contact <b>ELZANNE</b>		Contact <i>Mary (Online)</i>				<input type="checkbox"/> With Saturday Service
Phone <b>044 004 0112</b>		Phone <b>021 857 7178</b>				<input type="checkbox"/> Public Holiday Service
Destination Country		(Please Specify)				<input checked="" type="checkbox"/> Economy
South Africa						<input type="checkbox"/> After Hours
Botswana						BLNS Customs Tariff
Lesotho						
Namibia						1. ONLINE <input type="checkbox"/>
Swaziland						
Other						3. EFT <input type="checkbox"/>
Sender's Reference		Analysis Code				Total Mass (Kg)
<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 12.5 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				
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>
1		1		10:51		10:00
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>		
Name Of Receiver (PLEASE PRINT CLEARLY) <i>Mamad</i>				Name Of Courier (PLEASE PRINT CLEARLY) <i>CELENTON</i>		
Date Received: <b>04 01 18</b>		Time Received: <b>09:30</b>		Date Received: <b>03 01 18</b>		Time Received: <b>11:48</b>
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>		

POD COPY

Version Control (06/2016)