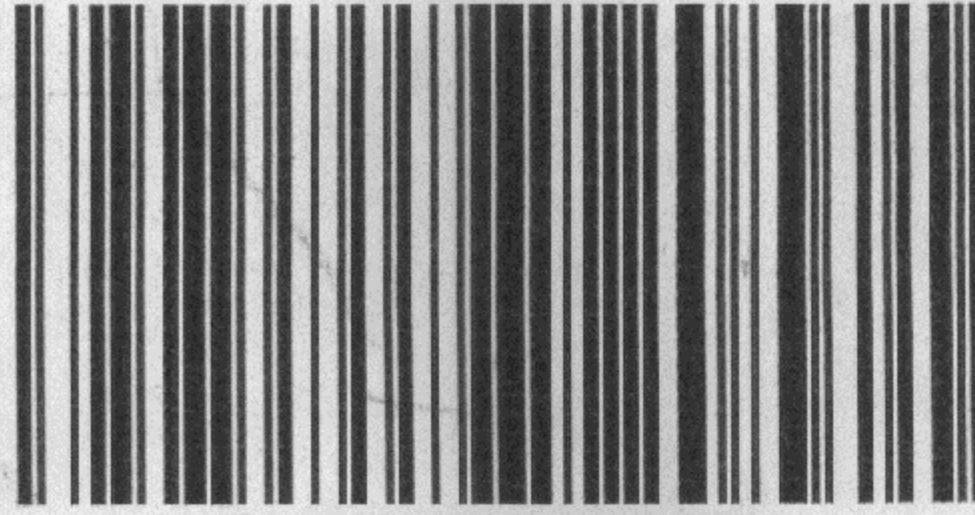


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD26308779

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET		Company Name LE CREUSET HEAD OFFICE				<input type="checkbox"/> Same Day	
Street Address MALL OF AFRICA SHOP 204 ALLENDALE & BEN SCHOEMAN HIGHWAY WATERFALL ESTATE		Street Address UNIT 5 HERON PARK OLIVE GROOVE INDUSTRIAL SOMERSET WEST				<input type="checkbox"/> Express	
Suburb JOHANNESBURG		Suburb SOMERSET WEST				<input type="checkbox"/> With Sunrise Option	
City / Town JNB	Postal Code 7620	City / Town CAPE TOWN		Postal Code		<input type="checkbox"/> With Saturday Service	
Contact FRINDILE KHANGALE		Contact LAUREN				<input type="checkbox"/> Public Holiday Service	
Phone 011 568 2097		Phone 021 851 7178				<input checked="" type="checkbox"/> Economy	
Destination Country		(Please Specify)				<input type="checkbox"/> After Hours	
<input checked="" type="checkbox"/> South Africa	<input type="checkbox"/> Botswana	<input type="checkbox"/> Lesotho	<input type="checkbox"/> Namibia	<input type="checkbox"/> Swaziland	<input type="checkbox"/> BLNS Customs Tariff		
Sender's Reference SKILLETTS		Analysis Code				<input type="checkbox"/> 1. ONLINE	

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **027766** Bill To Sender Consignee Other (Name Please)

If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.

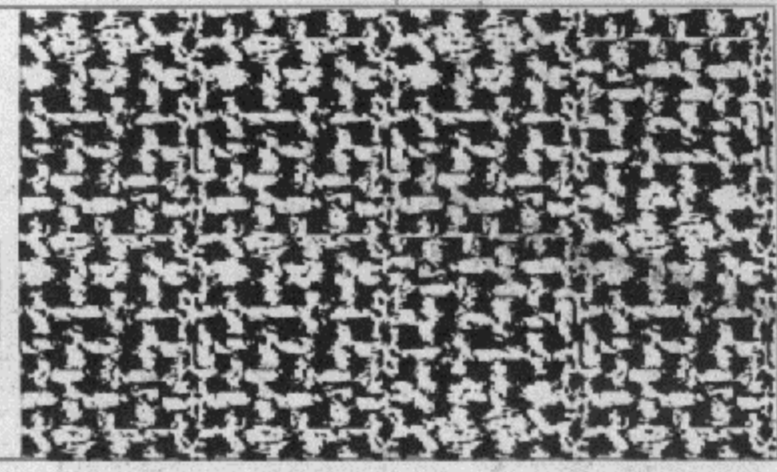
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 12.4 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 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).

SENDER'S AUTHORISED SIGNATURE *Alusom* **DATE** **16/01/18**

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1	BOX			

Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)	
ECVINO		MASHONG	
Date Received: 16/01/18	Time Received: 0950	Date Received: 16/01/18	Time Received: 1500
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	



Version Control (06/2016)