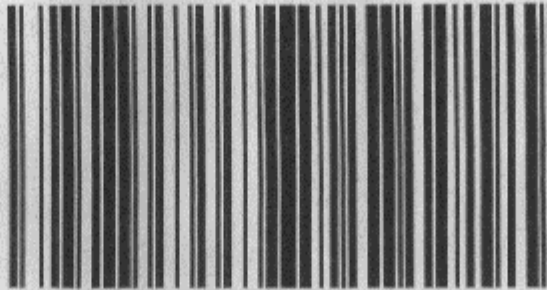


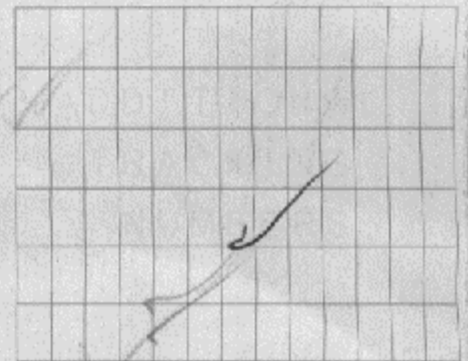
CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD26435421



Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET MALL OF THE SHOP G062		Company Name Le Creuset Head office				<input type="checkbox"/> Same Day	
Street Address MALL OF THE SOUTH		Street Address Unit 5 Heron Park				<input type="checkbox"/> Express	
KLIPRIVIER DRIVE & SWARTKOPPI		Olive Grove Industrial Estate				<input type="checkbox"/> With Sunrise Option	
Suburb ASPEN HILLS-JHB		Suburb Somerset West				<input type="checkbox"/> With Saturday Service	
City/Town JNB Postal Code		City/Town Cape Town Postal Code 7130		<input type="checkbox"/> Public Holiday Service		<input checked="" type="checkbox"/> Economy	
Contact LULO NONOISE		Contact LISC				<input type="checkbox"/> After Hours	
Phone 010 500 0223		Phone 081 8517 178				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country <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"/> Other (Please Specify)							
Sender's Reference UTI 1029444		Analysis Code					
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.			
<p>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)</p>							
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)	HEIGHT (CM)	Total Mass (Kg)	
1							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) LISA				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) OSCAH			
Date Received: 060318		Time Received: 1000		Date Received: 050318		Time Received: 1400	
Signature: Jelbeer				Signature: [Signature]			

POD COPY

Version Control (05/2016)

