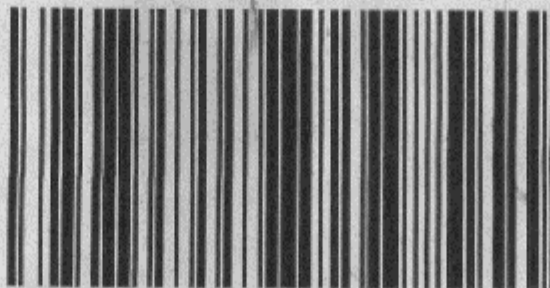



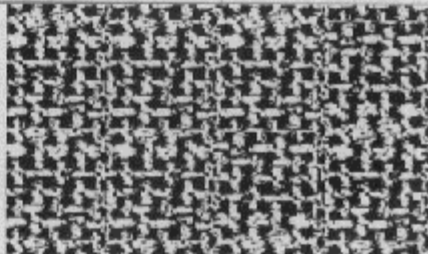

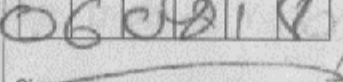
CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0081
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD26508682

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required												
Company Name LE CREUSET		Company Name LE CREUSET S.A				<input type="checkbox"/> Same Day												
Street Address SHOP 267 WOODLANDS BOULEVARD, CNR GARSTONEN DE VILLEBOIS		Street Address UNIT 5, HERON PARK OLIVE GROVE, INDUSTRIAL ESTATE PARDEVEL ROAD				<input type="checkbox"/> Express												
Suburb MORELETA PARK		Suburb SOMERSET WEST				<input type="checkbox"/> With Sunrise Option												
City/Town PRETORIA Postal Code 0002		City/Town CAPE TOWN Postal Code 7200				<input type="checkbox"/> With Saturday Service												
Contact MARISKA		Contact FRANCI				<input type="checkbox"/> Public Holiday Service												
Phone 012 997 3777		Phone 021 851 7178				<input checked="" type="checkbox"/> Economy												
Destination Country		Other (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		Analysis Code				<input type="checkbox"/> 1. ONLINE												
SPECIAL INSTRUCTIONS																		
Bill Charges To Account No. 027766		Bill To <input type="checkbox"/> Sender Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>																
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 AUTHORIZED SIGNATURE 				DATE 06/02/15												
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number																
<table border="1"> <thead> <tr> <th>Total Parcels</th> <th>NO. OF PARCELS PER DIMENSIONS</th> <th>LENGTH (CM)</th> <th>WIDTH (CM)</th> <th>HEIGHT (CM)</th> <th>Total Mass (Kg)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>BOX</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)	1	BOX				
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)													
1	BOX																	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) EIVIMO			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) 1494															
Date Received: 08/02/15		Time Received: 0940		Date Received: 06/02/15														
Time Received: 1600		Signature: 		Signature: 														
Signature:																		

POD COPY

Version Control: 03/2014