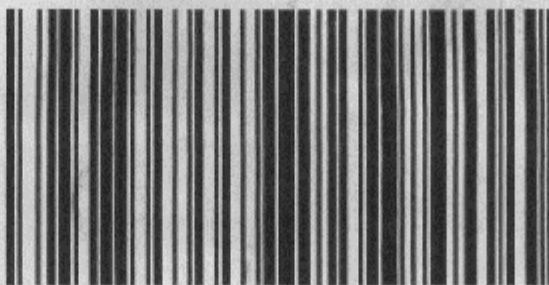


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reads 0051
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD26508683

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 GARSFONTEIN RD 6 DE VILLEBOIS		Street Address: UNIT 5, HERON PARK OLIVE GROVE, INDUSTRIAL ESTATE PAARDEVIEL 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: 7700					<input type="checkbox"/> With Saturday Service
Contact: MARISCH		Contact: JENNA.					<input type="checkbox"/> Public Holiday Service
Phone: 012 997 3777		Phone: 021 851 7178					<input checked="" type="checkbox"/> Ecbonly
Destination Country: <input checked="" type="checkbox"/> South Africa		Other: (Please Specify)					<input type="checkbox"/> After Hours
Sender's Reference		Analysis Code					BLNS Customs Tariff
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		If Consignee Or Other (Third Party) is Billed, Sender Remains Liable For Unpaid Charges.					1. ONLINE <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 12.6 OVERLEAF). IF YOU WISH DEV 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					3. EFT <input type="checkbox"/>
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
1		BOX					
HEIGHT (CM)							Total Mass (Kg)
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) ECVI NO				Name Of Courier (PLEASE PRINT CLEARLY) [Signature]			
Date Received: 080218		Time Received: 0940		Date Received: 060818		Time Received: [Signature]	
Signature: [Signature]				Signature: [Signature]			

POD COPY

Version Control (05/2016)