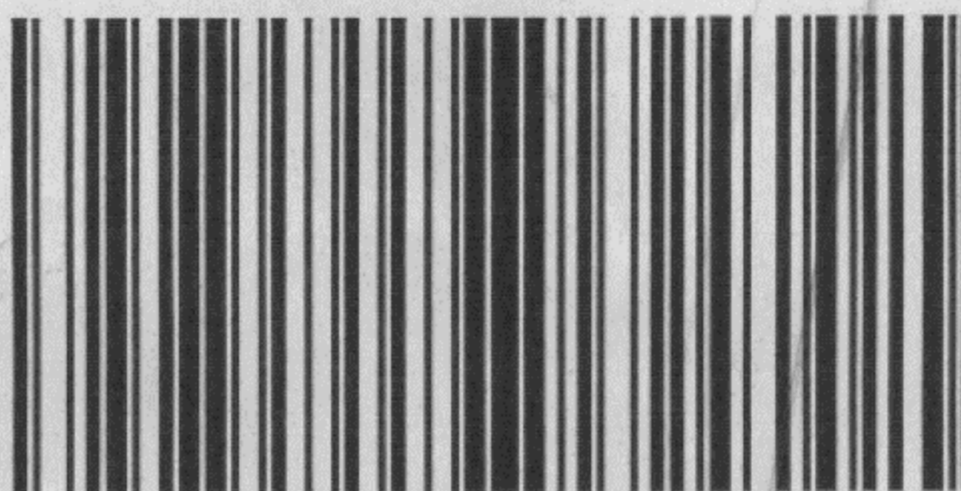


**CONTRACT FOR CARRIAGE / DISPATCH NOTE**



DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT. No. 4880189685



SUBBD26681974

2 2 2 E E E 2 2 2


Sender's Details		Consignee's Details. Full Street Address Please	
Company Name	LE CREUSET	Company Name	LE CREUSET
Street Address	SHOP 244 LEONARA DRIVE, DOLPHIN COAST, BALLITO JUNCTION	Street Address	90 WILLIAM CAMPBELL DRIVE SHOP 3, LA LUCIA SHOPPING MALL
Suburb	BALLITO	Suburb	LA LUCIA
City / Town	DURBAN	City / Town	DURBAN
Postal Code	4000	Postal Code	4000
Contact	SONITHA	Contact	ATISHA
Phone	032 004 0138	Phone	031 512 5045

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference	UR I 3 0 3 1 3 3 5				Analysis Code	

**SPECIAL INSTRUCTIONS**

Bill Charges To Account No.  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 14.14 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 14.5 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 14.5, 14.6 AND 14.7 OVERLEAF).

SENDER'S AUTHORISED SIGNATURE: *[Signature]* DATE: 15/06/18

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

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="x"/>	<input type="text" value="BOX"/>	

After Hours

BLNS Customs Tariff

1. ONLINE

3. EFT

Total Mass (Kg)

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

ALVINA

Date Received: 18 06 18

Time Received: 10 25

Signature: *[Signature]*

Received By DSV

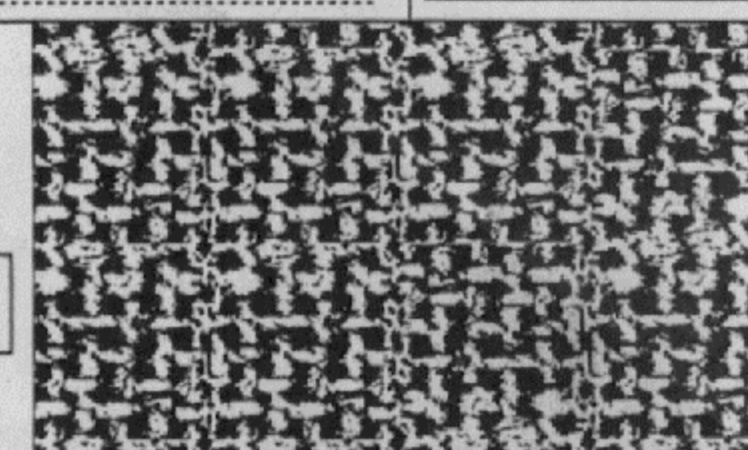
Name Of Courier (PLEASE PRINT CLEARLY)

L12W1

Date Received: 15 06 18

Time Received: 16 00

Signature: *[Signature]*



POD COPY