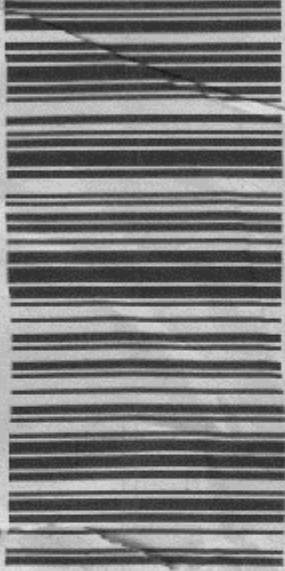


CARRIAGE / DISPATCH NOTE

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

2 2 2 E E E 2 2 2



SUBBD26769072

Mark Service Required	Same Day
Express	<input checked="" type="checkbox"/>
With Sunrise Option	<input type="checkbox"/>
With Saturday Service	<input type="checkbox"/>
Public Holiday Service	<input type="checkbox"/>
Economy	<input type="checkbox"/>
After Hours	<input type="checkbox"/>
BLNS Customs Tariff	<input type="checkbox"/>
1. ONLINE	<input type="checkbox"/>
3. EFT	<input type="checkbox"/>
Total Mass (Kg)	

Consignee's Details. Full Street Address Please

Company Name LE CREUSET CRT
 Street Address UNIT 01 LERON PARK
OLIVE GROVE IND ESTATE
OLD PAARDEVEL ROAD
 Suburb SOMERSET WEST
 City / Town CAPE TOWN Postal Code 8000
 Contact
 Phone

Sender's Details

Company Name Le Creuset
 Street Address 90 William Cambell drive.sho
La Lucia
Umhlanga
 Suburb
 City / Town OUR Postal Code 4000
 Contact
 Phone Bill McIntosh/Marion
0315725045

Destination Country South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)

Sender's Reference UTI X Analysis Code

SPECIAL INSTRUCTIONS

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

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** 01/06/2018

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

Total Parcels 1 **NO. OF PARCELS PER DIMENSIONS**

LENGTH (CM) **WIDTH (CM)** **HEIGHT (CM)**

1 FIFER

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY) Madu
 Date Received: 01/06/18 Time Received: 1300

Name Of Courier (PLEASE PRINT CLEARLY) WELFAID
 Date Received: 01/06/18 Time Received: 1300

Signature: [Signature]

POD COPY