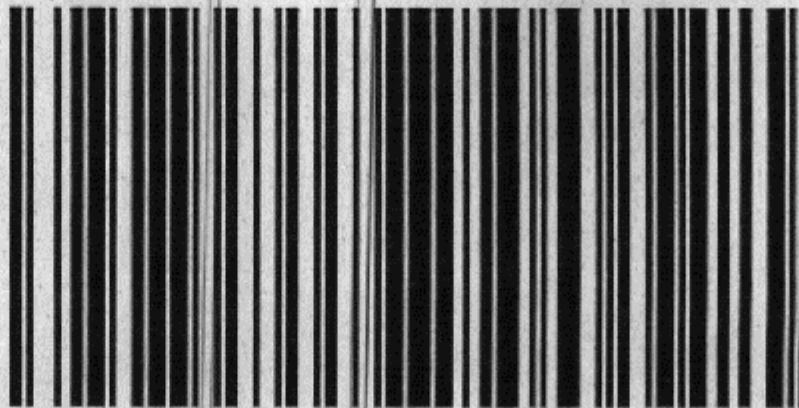


CARRIAGE / DISPATCH NOTE



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



SUBBD26876250

2 2 2 E E E 2 2 2

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Sender's Details

Consignee's Details. Full Street Address Please

Company Name **LE CREUSET**
HOBART GROVE
Street Address
SHOP G1
CNR HOBART & GROSVENOR ROADS
Suburb **BRYANSTON**
City / Town **JNB** Postal Code **2021**
Contact
Phone **011 568 4708**

Company Name **Le Creuset Rustenburg**
Street Address **Shop 101**
Waterfall Mall
Augrabies Avenue
Suburb **Waterfall**
City / Town **Rustenburg** Postal Code **0299**
Contact **Mavis**
Phone **014 537 2279**

Mark Service Required

- Same Day
- Express
- With Sunrise Option
- With Saturday Service
- Public Holiday Service
- Economy
- After Hours

BLNS
Customs
Tariff

| | | | | | | |
|---------------------|--|----------|---------|---------|---------------|------------------------|
| Destination Country | South Africa <input checked="" type="checkbox"/> | Botswana | Lesotho | Namibia | Swaziland | Other (Please Specify) |
| Sender's Reference | | | | | Analysis Code | |

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **027766** 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).

Coronel
SENDER'S AUTHORISED SIGNATURE **16/05/18** DATE

- 1. ONLINE
- 3. EFT

Total Mass (Kg)

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

| Total Parcels | NO. OF PARCELS PER DIMENSIONS | LENGTH (CM) | WIDTH (CM) | HEIGHT (CM) |
|---------------|-------------------------------|-------------|------------|-------------|
| 1 | | | | |

Goods received in full without damage (unless endorsed)
Name Of Receiver (PLEASE PRINT CLEARLY)

LERATO

Date Received: **170518** Time Received: **1535**

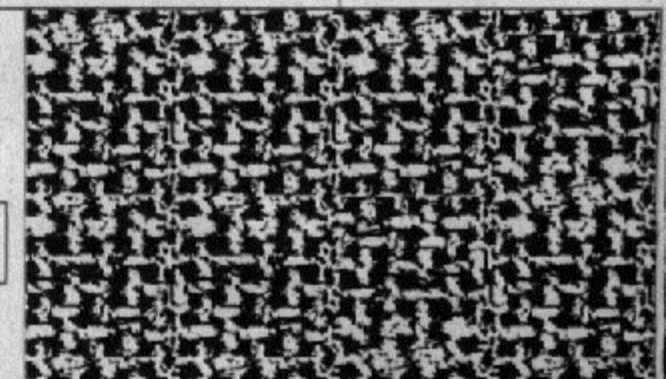
Signature: *A. Muno*

Received By DSV
Name Of Courier (PLEASE PRINT CLEARLY)

S. L. G. S.

Date Received: **160518** Time Received: **1140**

Signature: *[Signature]*



POD COPY

Version Control (08/2017)