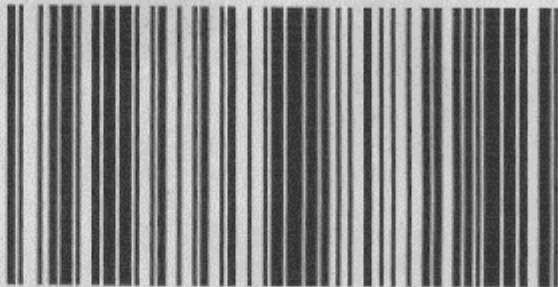


CONTRACT FOR CARRIAGE / DISPATCH NOTE



2 2 2 E E E 2 2 2



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

SUBBD27083532


Sender's Details

Consignee's Details. Full Street Address Please

Mark Service Required

Company Name **LE CREUSET ROSEBANK**  
 Street Address **SHOP 202A ROSEBANK MALL**  
**BATH AVENUE**  
 Suburb **ROSEBANK**  
 City / Town **JNB** Postal Code **2196**  
 Contact **ELLEN**  
 Phone **011 568 4754**

Company Name **LE CREUSET Headoffice**  
 Street Address **Unit 5 Heron Park**  
**olive grove Park**  
 Suburb **Comet West**  
 City / Town **Cape Town** Postal Code **7801**  
 Contact **Jenna**  
 Phone **021 8512 7179**

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

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

Sender's Reference **ROSEBANK CUSTOMER** Analysis Code

SPECIAL INSTRUCTIONS

**Replacement / Instore Damages**

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 14.6 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 AUTHORIZED SIGNATURE

DATE

BLNS Customs Tariff

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)

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

**RAS.LC**

Date Received: **21 06 18** Time Received: **10 27**

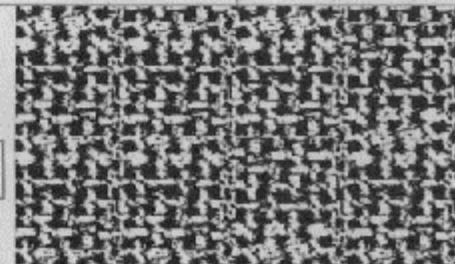
Signature:

Received By DSV  
 Name Of Courier (PLEASE PRINT CLEARLY)

**DU415H27**

Date Received: **19 06 18** Time Received: **11 11 AM**

Signature:



POD COPY