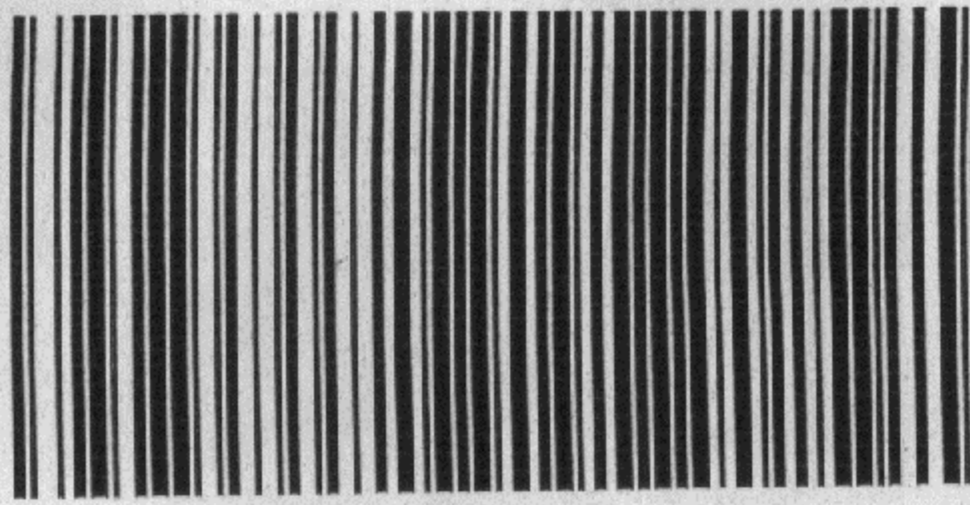


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27187594

2 2 2 E E E 2 2 2


Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <u>le creuset</u>		Company Name <u>le creuset</u>						<input type="checkbox"/> Same Day	
Street Address <u>Sandton City Shopping Centre 158 5th Street Shop L339</u>		Street Address <u>UNIT 5 Heron Park Industrial Estate Old Porterville Road</u>						<input type="checkbox"/> Express	
Suburb <u>Sandhurst</u>		Suburb <u>SOMERSET WEST</u>						<input type="checkbox"/> With Sunrise Option	
City / Town <u>JHB</u> Postal Code <u>2196</u>		City / Town <u>Old Porterville</u> Postal Code						<input type="checkbox"/> With Saturday Service	
Contact		Contact						<input type="checkbox"/> Public Holiday Service	
Phone		Phone						<input type="checkbox"/> Economy	
Destination Country		(Please Specify)						<input type="checkbox"/> After Hours	
South Africa		Botswana Lesotho Namibia Swaziland Other						<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference		Analysis Code						<input type="checkbox"/> 1. ONLINE	
<b>SPECIAL INSTRUCTIONS</b>		Bill Charges To Account No. <u>027766</u>						<input type="checkbox"/> 3. EFT	
		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>						Total Mass (Kg)	
		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 <u>[Signature]</u> DATE							
		e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number							
<b>Total Parcels</b>		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
<u>1</u>		<u>BOX</u>							
Goods received in full without damage (unless endorsed)				Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)					
<u>Mwala</u>				<u>John</u>					
Date Received:		Time Received:		Date Received:		Time Received:			
<u>04 01 18</u>		<u>09 1130</u>		<u>02 01 18</u>		<u>1335</u>			
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>					

POD COPY

Version Control (08/2017)