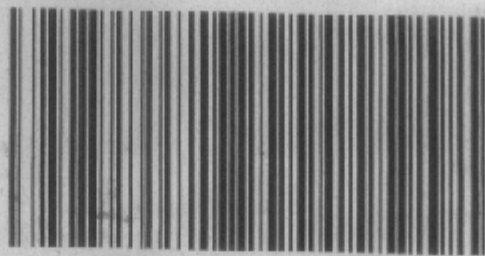


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



DSV Road (Pty) Ltd
 t/a DSV Distribution
 PO Box 63, The Reeds 0061
 Tel: (012) 678 2000
 Reg. No. 2000/016342/07
 VAT No. 4880189685



SUBBD27443448

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| Sender's Details | | Consignee's Details. Full Street Address Please | | | | | Mark Service Required |
|--|--|---|--------------------|--|-----------------------------|---|---|
| Company Name: LE CREUSET NICOLWAY | | Company Name: Le Creuset Cresta | | | | | <input type="checkbox"/> Same Day |
| Street Address: WILLIAM NICOL DRIVE | | Street Address: Shop 441 UPPER Level Beyers Haude Dr Randburg | | | | | |
| Suburb: BRYANSTON | | Suburb: Randburg | | | | | <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service |
| City/Town: JNB Postal Code: 2196 | | City/Town: JHB Postal Code: _____ | | | | | |
| Contact: ZANELE NGWENYA | | Contact: Thembu | | | | | <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours |
| Phone: 011 706 2198 | | Phone: 011 476 6010 | | | | | |
| Destination Country: South Africa | | Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) _____ | | | | | BLNS Customs Tariff |
| Sender's Reference: _____ | | Analysis Code: _____ | | | | | |
| SPECIAL INSTRUCTIONS | | | | | | | |
| Bill Charges To Account No. 027766 | | Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee | | Other (Name Please) <input type="checkbox"/> | | 1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/> | |
| 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). | | | | | | | |
| e-mail / Fax / Proof of Delivery <input type="checkbox"/> | | | | | e-mail Address / Fax Number | | |
| Total Parcels | | NO. OF PARCELS PER DIMENSIONS | LENGTH (CM) | WIDTH (CM) | HEIGHT (CM) | Total Mass (Kg) | |
| 1 | | | | | | | |

Doka **06/07/18**
 SENDER'S AUTHORISED SIGNATURE DATE

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

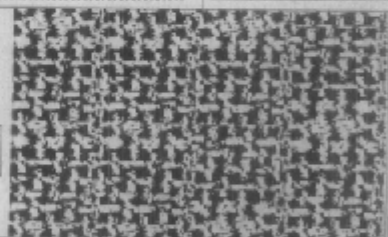
Date Received: **07/07/18** Time Received: **14:28**

Signature: *all-letsvalo*

Received By DSV
 Name Of Courier (PLEASE PRINT CLEARLY)
Eugene

Date Received: **26/07/18** Time Received: **15:00**

Signature: *[Signature]*



POD COPY

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