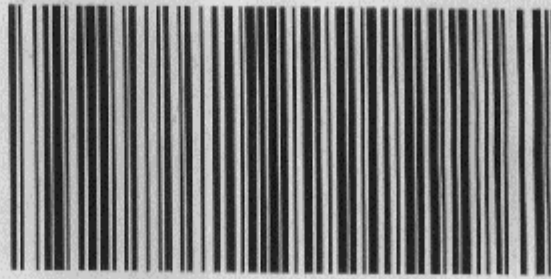


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27443465

2 2 2 E E E 2 2 2

POD COPY

Sender's Details			Consignee's Details. Full Street Address Please				Mark Service Required
Company Name: LE CREUSET NICOLWAY			Company Name: Le Creuset SA				Same Day
Street Address: WILLIAM NICOL DRIVE			Street Address: Unit 5 Heron park Olive Grove Estate Old paardevel Road				Express <input checked="" type="checkbox"/>
Suburb: FRYANSTON			Suburb: Somerset west				With Sunrise Option
City / Town: JNB	Postal Code: 2196		City / Town: CPT	Postal Code:		With Saturday Service	
Contact: ZANELE NGWENYA			Contact: LISA				Public Holiday Service
Phone: 011 706 2193			Phone:				Economy
Destination Country: <input checked="" type="checkbox"/> South Africa	<input type="checkbox"/> Botswana		<input type="checkbox"/> Lesotho	<input type="checkbox"/> Namibia	<input type="checkbox"/> Swaziland	<input type="checkbox"/> Other (Please Specify)	After Hours
Sender's Reference: Ut 11 0621 22			Analysis Code:				BLNS Customs Tariff
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027756	Bill To <input checked="" type="checkbox"/> Sender	<input type="checkbox"/> Consignee	<input type="checkbox"/> Other (Name Please)				1. ONLINE <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 14.5 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).							
			Munaka		06/03/2018		
			SENDER'S AUTHORISED SIGNATURE		DATE		
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)			
X1	five						
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)				
LISA			Josias				
Date Received:		Time Received:	Date Received:		Time Received:		
070318		1000	060318		1307		
Signature: Lisa Beer			Signature: [Signature]				

Version Control (08/2017)