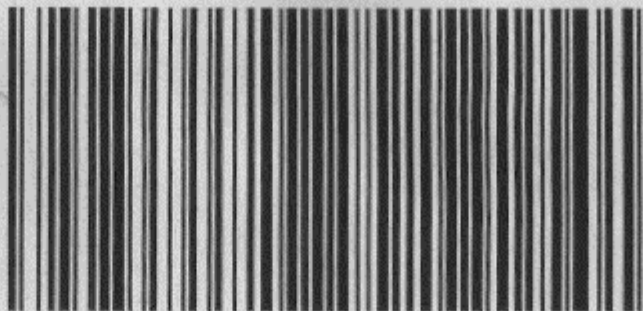


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27502714

2 2 2 E E E 2 2 2

BANKING					
FILE					

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name	LE CREUSET WALMER	Company Name	LE CREUSET ACCOUNTS			Same Day
Street Address	SHOP 103 WALMER PARK - SHOPPING CENTER	Street Address	UNIT 5, HERON PARK OLIVE GROVE, INDUSTRIAL EST. OLD PAARDEVELD RD.			Express <input checked="" type="checkbox"/>
Suburb	WALMER MAIN ROAD	Suburb	SOMERSET WEST.			With Sunrise Option
City / Town	P. E	City / Town	CAPE TOWN			With Saturday Service
Postal Code	6020	Postal Code	7130.			Public Holiday Service
Contact	RENE NENFELDT	Contact	CLARICE BROWN			Economy
Phone	041 367 2318.	Phone	021 851 7178			After Hours
Destination Country	South Africa	Lesotho	Namibia	Swaziland	Other (Please Specify)	BLNS Customs Tariff
Sender's Reference		Analysis Code				1. ONLINE <input type="checkbox"/>

**SPECIAL INSTRUCTIONS**

Bill Charges To Account No. **27766** 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, 14.8 AND 14/7 OVERLEAF).

*[Signature]* **16.05.18**  
SENDER'S AUTHORISED SIGNATURE DATE

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)  
**C BROWN**

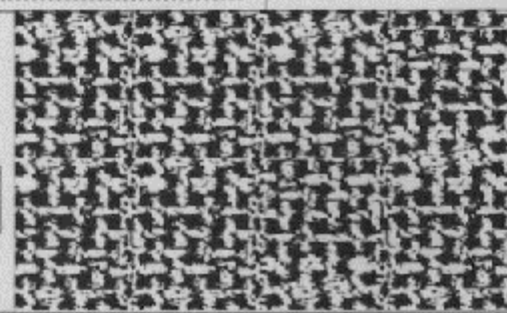
Date Received: **170518** Time Received: **0844**

Signature: *[Signature]*

Received By DSV  
Name Of Courier (PLEASE PRINT CLEARLY)  
**XOLANI**

Date Received: **160518** Time Received: **1300**

Signature: *[Signature]*



3. EFT

Total Mass (Kg)

POD COPY

Version Control (08/2017)