

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. 2000/016242/07
 VAT No. 4680189685



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Sender's Details
 Company Name: *Le Creuset Killarney*
 Street Address: *Shop 100 Killarney Mall Riviera Road Killarney*
 Suburb: *Killarney*
 City/Town: *JHB* Postal Code: *2193*
 Contact: *Heart*
 Phone: *011 646 6316*

Consignee's Details. Full Street Address Please
 Company Name: *Le Creuset Mall of the Parks*
 Street Address: *Shop G062 Cor Kliprivier Drive and Swartkoppies Aspen Hills*
 Suburb: *Aspen Hills*
 City/Town: *JHB* Postal Code: *2001*
 Contact: *Mall of the South Team*
 Phone: *010 500 0223*

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

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

Sender's Reference: *UT10597771* Analysis Code

SPECIAL INSTRUCTIONS

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 14.5 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).

B. Maiese *13.02.2018*
 SENDER'S AUTHORISED SIGNATURE DATE

1. ONLINE

3. EPT

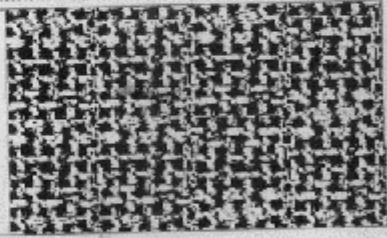
e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

| Total Parcels | NO. OF PARCELS PER DIMENSIONS | LENGTH (CM) | WIDTH (CM) | HEIGHT (CM) |
|---------------|-------------------------------|-------------|------------|-------------|
| <i>1</i> | <i>Box</i> | | | |

Total Mass (Kg)

Goods received in full without damage (unless endorsed)
 Name Of Receiver (PLEASE PRINT CLEARLY): *LULO*
 Date Received: *140218* Time Received: *1655*
 Signature: *[Signature]*

Received By DSV
 Name Of Courier (PLEASE PRINT CLEARLY): *JOL*
 Date Received: *130218* Time Received: *1558*
 Signature: *[Signature]*



POD COPY

Version Control (Rev:017)