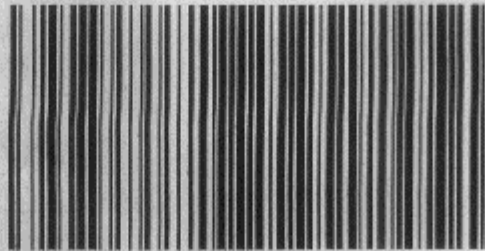


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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. 4980169685



SUBBD27574625

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name <u>Le creuset killarney</u>		Company Name <u>Le creuset Hyde Park</u>				<input type="checkbox"/> Same Day
Street Address <u>Shop 100</u> <u>killarney mall</u> <u>Riviera Rd</u> <u>killarney</u>		Street Address <u>Shop 71</u> <u>Upper mall, Hyde Park Corner</u> <u>C/O Jan Smuts & 6th Ave</u> <u>Hyde Park</u>				
Suburb <u>killarney</u>		Suburb <u>Hyde Park</u>				<input type="checkbox"/> Express
City/Town <u>JHB</u> Postal Code <u>2193</u>		City/Town <u>JHB</u> Postal Code <u>2196</u>				<input type="checkbox"/> With Sunrise Option
Contact <u>Natasha</u>		Contact <u>Yemica</u>				<input type="checkbox"/> With Saturday Service
Phone <u>011 646 6316</u>		Phone <u>011 325 5605</u>				<input type="checkbox"/> Public Holiday Service
Destination Country <input 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)						<input checked="" type="checkbox"/> Economy
Sender's Reference <u>LEMON ZESTER</u>		Analysis Code				<input type="checkbox"/> After Hours
SPECIAL INSTRUCTIONS						<input type="checkbox"/> BLNS Customs Tariff
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>				
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).						<input type="checkbox"/> 1. ONLINE
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number				<input type="checkbox"/> 3. EFT
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)
		<u>1 FLYER</u>	<u>100</u>	<u>100</u>	<u>100</u>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>NP HO</u>			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>JOL</u>			
Date Received: <u>210618</u>		Time Received: <u>1045</u>		Date Received: <u>200618</u>		
Time Received: <u>1500</u>		Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>		
Signature: <u>[Signature]</u>						

POD COPY

Version Control 08/07/07