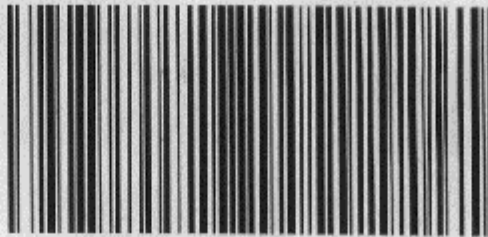


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



DSV Road (Pty) Ltd  
 1/4 DSV Distribution  
 PO Box 63, The Reeds 0061  
 Tel: (012) 673-2000  
 Reg. No. 2000/016342/07  
 VAT No. 4800109685



SUBBD27650862


POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name	LE CREUSET	Company Name	Le CREUSET			Same Day
Street Address	CNR KLIPRIVIER DRIVE & SWARTKOPPIES RD- SHOP G062	Street Address	Shop L339			Express
	MALL OF THE SOUTH		SANDTON CITY SHOPPING CENTRE			With Sunrise Option
	ASPEN HILLS		5th and REVOLVING STREET			With Saturday Service
Suburb	ASPEN HILLS	Suburb	JHB SANDTON			Public Holiday Service
City / Town	JNB	City / Town	JHB			Economy
Postal Code	2013	Postal Code				After Hours
Contact	LULO NONOISE	Contact				BLNS Customs Tariff
Phone	010 500 0223	Phone				1. ONLINE
Destination Country	South Africa	Destination Country	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference	UT 1 2 8 5 5 6 4 2	Analysis Code				3. EFT

**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).

*[Signature]*  
 SENDER'S AUTHORISED SIGNATURE DATE

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT(CM)
9				

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)  
**Neombi**

Date Received: **13 06 18** Time Received: **11 00**

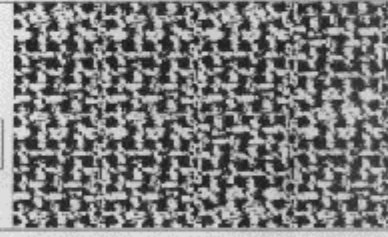
Signature: *[Signature]*

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)  
*[Signature]*

Date Received: **12 06 18** Time Received: **18 40**

Signature: *[Signature]*



Total Mass (Kg)