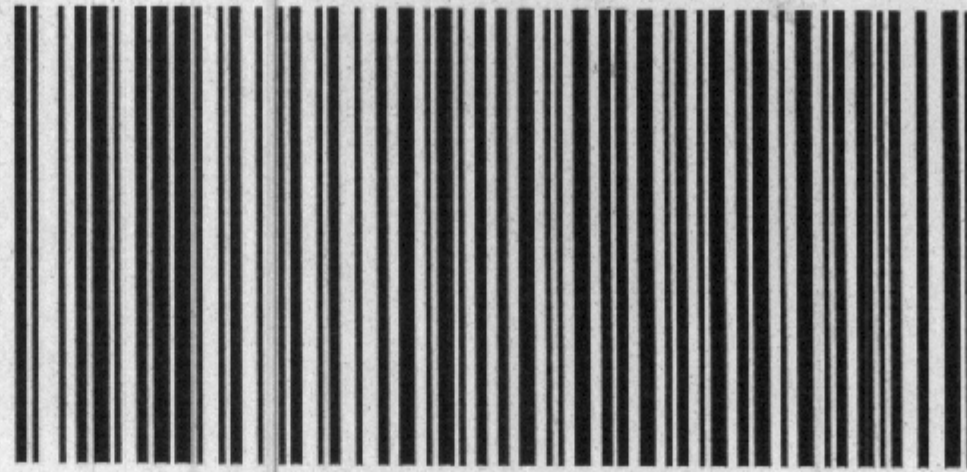


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



2 2 2 E E E 2 2 2

SUBHT11661745

SUBBD28212359

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name	LE CREUSET BRYANSTON	Company Name	LE CREUSET Head office
Street Address	SHOP G1 CNR HOBART & GROSVENOR ROADS	Street Address	UNIT 5 HERON PARK OLIVE GROVE BUSINESS PARK THE INTERCHANGE
Suburb	BRYANSTON	Suburb	SOMERSET WEST
City / Town	JNB	City / Town	CAPE TOWN
Postal Code	2021	Postal Code	
Contact	SEVARIAN	Contact	FRANCI
Phone	011 568 4708	Phone	021 851 7178

Mark Service Required
Same Day
Express
With Sunrise Option
With Saturday Service
Public Holiday Service
Economy
After Hours
BLNS Customs Tariff

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)	
Sender's Reference	Mechandising Cubes		Analysis Code				
SPECIAL INSTRUCTIONS							
Bill Charges To Account No.	027766	Bill To Sender	<input checked="" 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).

26/07/15

e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number	
Sender's Authorised Signature	DATE		
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)
1			
			HEIGHT (CM)

1. ONLINE	<input type="checkbox"/>
3. EFT	<input type="checkbox"/>
Total Mass (Kg)	

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

BASTIL

Date Received: 300718

Time Received: 1000

Signature: *[Signature]*

Received By DSV

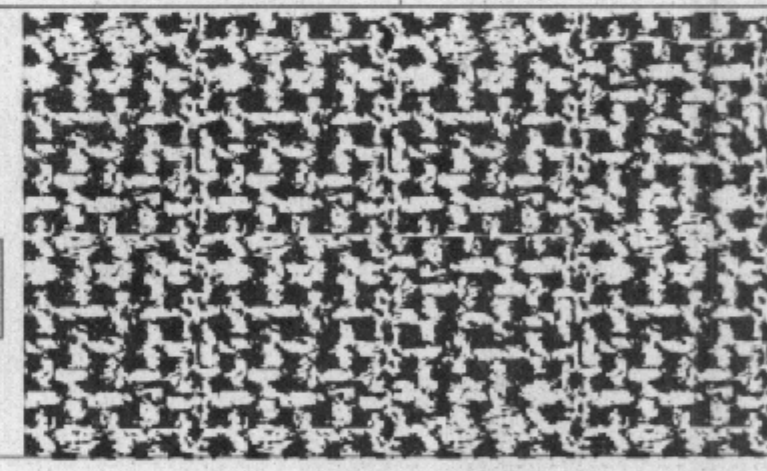
Name Of Courier (PLEASE PRINT CLEARLY)

7602418 me

Date Received: 260715

Time Received: 1659

Signature: *[Signature]*



Version Contr 108/2017