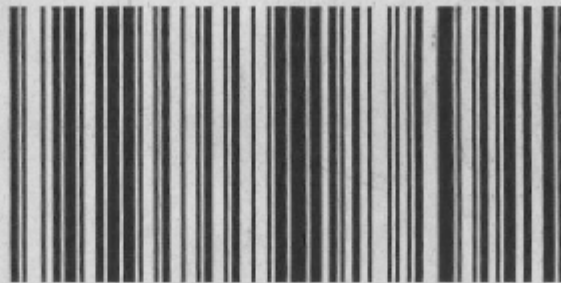


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



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



SUBBD28616598

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Sender's Details

Consignee's Details. Full Street Address Please

Company Name **LE CREUSET**
Street Address **SHOP UL262
PAVILION SHOPPING CENTRE
WESTVILLE**
Suburb
City / Town **DUR** Postal Code **4000**
Contact **TRIGINA
031-2658455**
Phone

Company Name **LE CREUSET CPT**
Street Address **UNIT 5 HERON PARK
OLIVE GROVE ESTATE**
Suburb **SOMERSET WEST**
City / Town **SOMERSET WEST (SSW)** Postal Code **8000**
Contact **ATI-Jenna**
Phone **021 851 7178**

- Mark Service Required
- Same Day
- Express
- With Sunrise Option
- With Saturday Service
- Public Holiday Service
- Economy
- After Hours

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

Sender's Reference Analysis Code

SPECIAL INSTRUCTIONS

Tariff Code **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 1000.00 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)

Pass
SENDER'S AUTHORISED SIGNATURE

DATE

31/07/2018

BLNS
Customs
Tariff

1. ONLINE

3. EFT

Total Mass (Kg)

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

1

BOX

Goods received in full without damage (unless endorsed)
Name Of Receiver (PLEASE PRINT CLEARLY)

BASIL

Date Received:

070119

Time Received:

0940

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)

AARON

Date Received:

020119

Time Received:

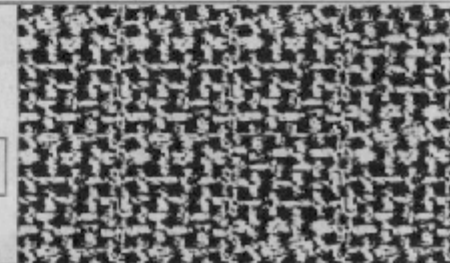
1500

Signature:

[Signature]

Signature:

[Signature]



POD COPY

Vendor Contract (01/2018)