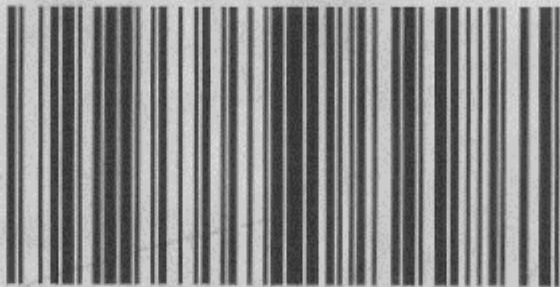


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2


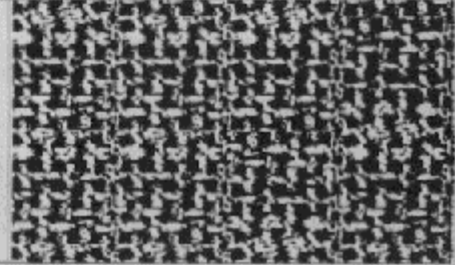


DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT No. 4880189685



SUBBD28695127


ADDITIONAL  
TRACKING  
NUMBERS

<b>Sender's Details</b>				<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>	
Company Name <u>LE CREUSET SANDTON</u>				Company Name <u>le Creuset Head Office</u>				Same Day	
Street Address <u>SHOP L339 SANDTON CITY</u>				Street Address <u>Unit 5 Olive Grove Industrial The Interchange</u>				<input checked="" type="checkbox"/> Express	
<u>CNR 5TH &amp; RIVONIA</u>								<input type="checkbox"/> With Sunrise Option	
Suburb <u>SANDTON</u>				Suburb <u>Somerset West</u>				<input type="checkbox"/> With Saturday Service	
City / Town <u>JNB</u>		Postal Code <u>2193</u>		City / Town <u>CAPE-TOWN</u>		Postal Code <u>8001</u>		<input type="checkbox"/> Public Holiday Service	
Contact <u>KARABO</u>				Contact <u>VICKY</u>				Economy	
Phone <u>011 784 0301</u>				Phone <u>001 - 851 - 7178</u>				After Hours	
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference <u>ut 1 3438 437</u>				Analysis Code				BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>									
Tarrif Code <u>027766</u>		Bill To Sender <input checked="" type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <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 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).									
SENDER'S AUTHORISED SIGNATURE 						DATE <u>07/08/18</u>		3. EFT <input type="checkbox"/>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number							
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT (CM)</b>	
<u>1</u>									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>LIZELLE</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>[Signature]</u>					
Date Received: <u>03 07 18</u>		Time Received: <u>09 14</u>		Date Received: <u>02 07 18</u>		Time Received: <u>14 50</u>			
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>					

POD COPY

Version Control (01/2016)