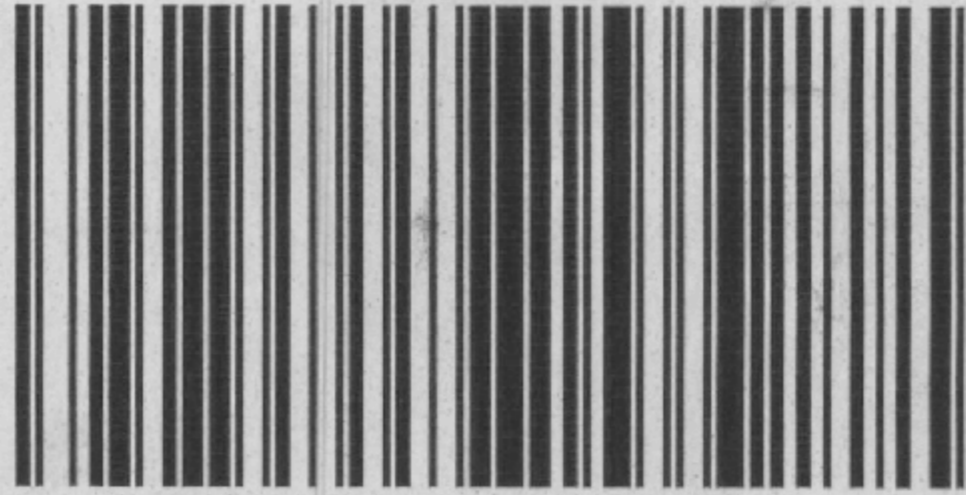


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD28989400

2 2 2 E E E 2 2 2

ADDITIONAL TRACKING NUMBERS

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name	Le Creuset Gateway	Company Name	Le Creuset Head office
Street Address	Shop G158 Gateway Theatre of Shopping, 1 Palm Boulevard New Town Centre, Umhlanga	Street Address	Unit 5 Heron Park, Clare Crore industrial est. Old parallel road
Suburb	Umhlanga	Suburb	Somerset West
City / Town	Durban	City / Town	Cape Town
Postal Code	4321	Postal Code	8001
Contact	Cassandra	Contact	021 8517178
Phone	031 100 1239	Phone	Jenna / Franci

Mark Service Required
Same Day
Express
With Sunrise Option
With Saturday Service
Public Holiday Service
Economy <input checked="" type="checkbox"/>
After Hours
BLNS Customs Tariff

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference	UT14390800				Analysis Code	

SPECIAL INSTRUCTIONS

Tariff Code Bill To 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)

[Signature] 27/08/2018
SENDER'S AUTHORISED SIGNATURE DATE

1. ONLINE <input type="checkbox"/>
3. EFT <input type="checkbox"/>
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	Box			

Goods received in full without damage (unless endorsed)
Name Of Receiver (PLEASE PRINT CLEARLY)
BASIL
Date Received: 290818
Time Received: 0925
Signature: *[Signature]*

Received By DSV
Name Of Courier (PLEASE PRINT CLEARLY)
MXOLISI
Date Received: 270818
Time Received: 1602
Signature: *[Signature]*

