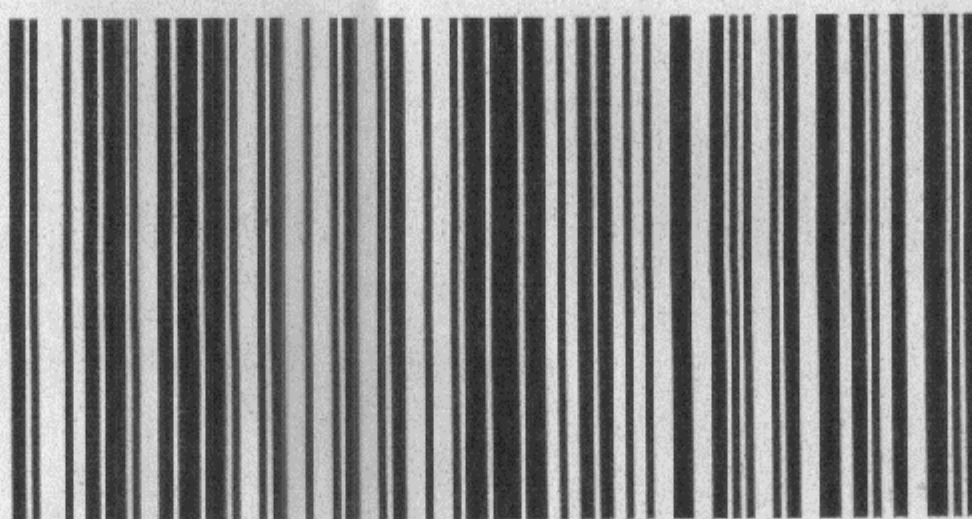


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD26095934

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET		Company Name <i>Le Creuset South Africa</i>				<input type="checkbox"/> Same Day	
Street Address SHOP 105 GARDEN ROUTE MALL N2 HIGHWAY & KNYSNA RD		Street Address <i>Unit 5 Heron Park Oliver Grove Park Somerset West</i>				<input type="checkbox"/> Express	
Suburb GEORGE		Suburb <i>Somerset West</i>				<input type="checkbox"/> With Sunrise Option	
City / Town GEORGE (GRP) Postal Code 6546		City / Town <i>Cape Town</i> Postal Code <i>8001</i>				<input type="checkbox"/> With Saturday Service	
Contact ELZANNE		Contact <i>Mary Online Store</i>				<input type="checkbox"/> Public Holiday Service	
Phone 044 004 0112		Phone <i>021 851 7178</i>				<input type="checkbox"/> Economy	
Destination Country		South Africa		Botswana		<input type="checkbox"/> After Hours	
		Lesotho		Namibia		<input type="checkbox"/> BLNS Customs Tariff	
		Swaziland		Other (Please Specify)			
Sender's Reference		Analysis Code					
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input type="checkbox"/> Sender Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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 12.4 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 12.5 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 12.5, 12.6 AND 12.7 OVERLEAF).							
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		1 Box		10		20	
						HEIGHT (CM)	
						20	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <i>Nelson</i>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <i>KIMWICK</i>			
Date Received: 26 01 18				Date Received: 25 01 18			
Time Received: 09:30				Time Received: 16:30			
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

Total Mass (Kg)