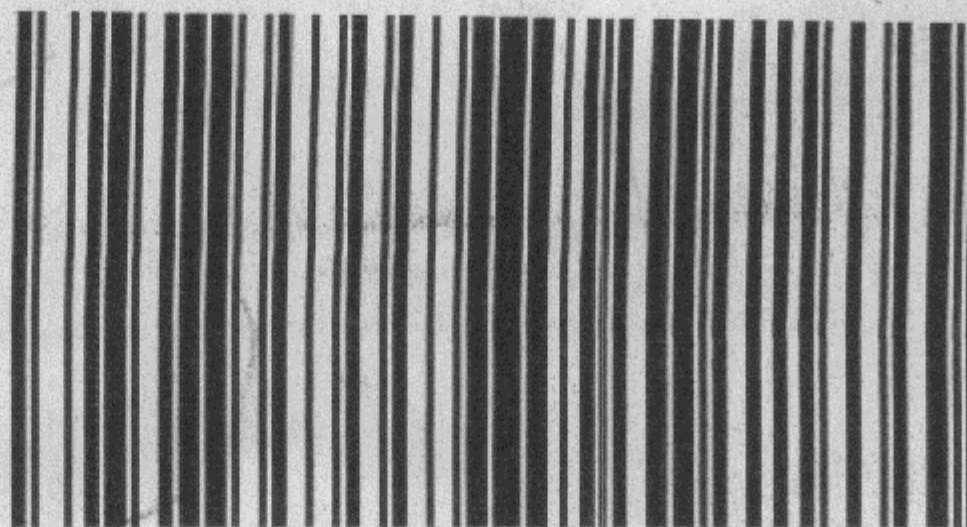


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD26435402

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name LE CREUSET MALL OF THE SHOP G062		Company Name Le creuset Head office		<input type="checkbox"/> Same Day	
Street Address MALL OF THE SOUTH		Street Address Unit is Heron Park		<input type="checkbox"/> Express	
Suburb KLIPRIVIER DRIVE & SWARTKOPPI		Suburb Old Paardevlei road		<input type="checkbox"/> With Sunrise Option	
City / Town JNB		City / Town Cape Town		<input type="checkbox"/> With Saturday Service	
Postal Code 2001		Postal Code 8001		<input type="checkbox"/> Public Holiday Service	
Contact LULO NONOTSE		Contact Helena		<input checked="" type="checkbox"/> Economy	
Phone 010 500 0223		Phone 021 851 7158		<input type="checkbox"/> After Hours	
Destination Country <input checked="" type="checkbox"/> South Africa		Other (Please Specify)		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference 4T10158460		Analysis Code		<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.		<input type="checkbox"/> 3. EFT	
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)		Total Mass (Kg)	
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			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)	
WIDTH (CM)		HEIGHT (CM)			
Goods received in full without damage (unless endorsed)		Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)			
Date Received:		Date Received:			
Time Received:		Time Received:			
Signature:		Signature:			

Version Control (05/2016)