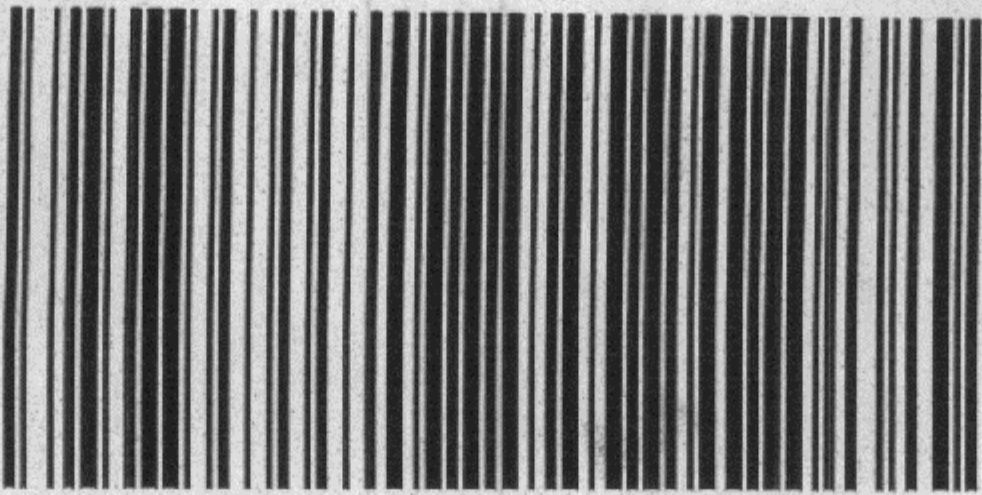


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27557379

2 2 2 E E E 2 2 2

Banking
File

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET WALMER PARK SHOP 103		Company Name Al lecreuset Head Office				<input type="checkbox"/> Same Day	
Street Address WALMER PARK SHOPPING CENTRE		Street Address Unit 5, Heron Park, Olive Grove, Industrial Estate, Old Paardevlei Rd				<input checked="" type="checkbox"/> Express	
Suburb WALMER PARK		Suburb Somerset West				<input type="checkbox"/> With Sunrise Option	
City / Town PORT ELIZABETH Postal Code 6070		City / Town Cape Town Postal Code 7100				<input type="checkbox"/> With Saturday Service	
Contact RENE		Contact Clarice Brown				<input type="checkbox"/> Public Holiday Service	
Phone 041 367 2318		Phone (021) 857178				<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 14.14 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 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).							
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)							
<div>1</div>							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Al de Beer				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) ZAMA			
Date Received: 020218		Time Received: 0950		Date Received: 020218		Time Received: 1000	
Signature:				Signature: 			