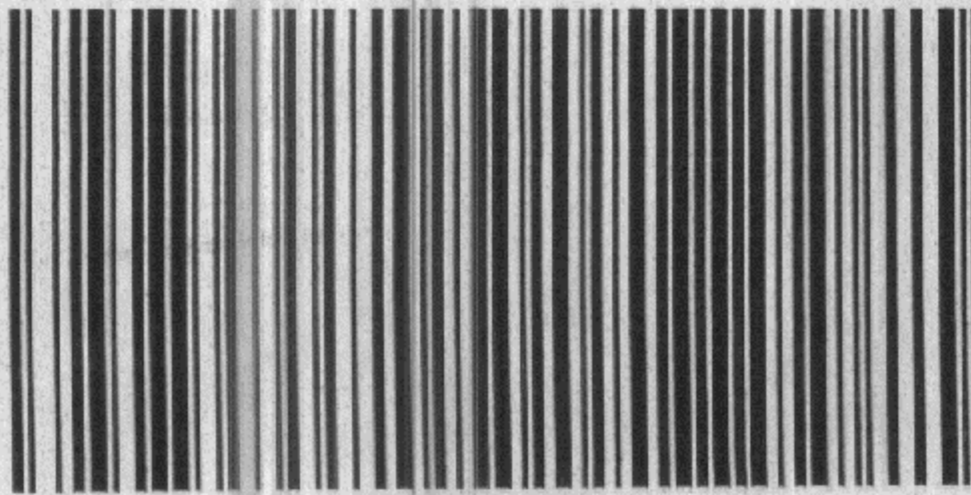


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD24991755

Sender's Details Company Name LE CREUSET CRESTA Street Address BEYERS NAUDE DRIVE SHOP U41 CRESTA SHOPPING CEN CRESTA Suburb JOHANNESBURG City / Town JNB Postal Code Contact 011 476 6010 Phone 011 476 6010		Consignee's Details. Full Street Address Please Company Name LE HEAD OFFICE Street Address Unit 5 Heron Park Olive Grove Business Park THE Interchange Somerset West Suburb Somerset West City / Town Somerset West Postal Code Contact JEDNA Phone 011 851 7178		Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours
Destination Country <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) 		Analysis Code 		
Sender's Reference UT 10810185				
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) 09:30 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 22/02/18		
Total Parcels 1 NO. OF PARCELS PER DIMENSIONS		LENGTH (CM) WIDTH (CM) HEIGHT (CM) 		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) XAVIER		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) CPH RAIM		
Date Received: 200218 Time Received: 0930		Date Received: 200218 Time Received: 1700		
Signature: 		Signature: 		

POD COPY

Version Control (06/2016)