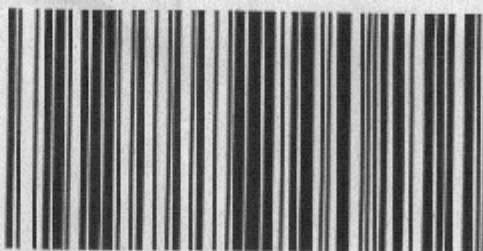


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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. 4980189585



SUBBD26876212

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| Sender's Details  |  | Consignee's Details. Full Street Address Please         |  | Mark Service Required  |  |
|---|--|---|--|--|--|
| Company Name <b>LE CREUSET</b><br><b>HOBART GROVE</b>   |  | Company Name <b>LE CREUSET MAIL OF AFRICA</b>           |  | <input type="checkbox"/> Same Day  |  |
| Street Address <b>SHOP G1</b>   |  | Street Address <b>SHOP 5040</b>                         |  | <input type="checkbox"/> Express   |  |
| <b>CNR HOBART &amp; GROSVENOR ROADS</b>   |  | <b>MALL OF AFRICA</b>                                   |  | <input type="checkbox"/> With Sunrise Option                                       |  |
| Suburb <b>BRYANSTON</b>   |  | Suburb <b>WATERFALL ESTATE</b>                          |  | <input type="checkbox"/> With Saturday Service                                     |  |
| City / Town <b>JNB</b> Postal Code <b>2021</b>  |  | City / Town <b>JOHANNESBURG</b> Postal Code <b>2001</b> |  | <input type="checkbox"/> Public Holiday Service                                    |  |
| Contact <b>PHINDILE</b>   |  | Contact <b>PHINDILE</b>                                 |  | <input checked="" type="checkbox"/> Economy  |  |
| Phone <b>011 568 4708</b>   |  | Phone <b>011 568 2097</b>                               |  | <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)   |  |   |  | <input type="checkbox"/> BLNS Customs Tariff                                       |  |
| Sender's Reference <b>UT12356600</b>  |  | Analysis Code   |  | <input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT                 |  |
| <b>SPECIAL INSTRUCTIONS</b><br>Bill Charges To Account No. <b>027766</b> Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/><br>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                             |  | SENDER'S AUTHORISED SIGNATURE <i>Sfe</i> DATE <b>08/05/2018</b><br>Total Mass (Kg) |  |
| Total Parcels   |  | NO. OF PARCELS PER DIMENSIONS                           |  | LENGTH (CM) WIDTH (CM) HEIGHT (CM)   |  |
| <b>1</b>  |  |   |  |  |  |
| Goods received in full without damage (unless endorsed)   |  | Received By DSV   |  |  |  |
| Name Of Receiver (PLEASE PRINT CLEARLY) <b>SHARON</b>   |  | Name Of Courier (PLEASE PRINT CLEARLY) <b>WELSON</b>    |  |  |  |
| Date Received: <b>090518</b>  |  | Date Received: <b>080518</b>                            |  |  |  |
| Time Received: <b>1256</b>  |  | Time Received: <b>1500</b>                              |  |  |  |
| Signature: <i>[Signature]</i>   |  | Signature: <i>[Signature]</i>                           |  |  |  |

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