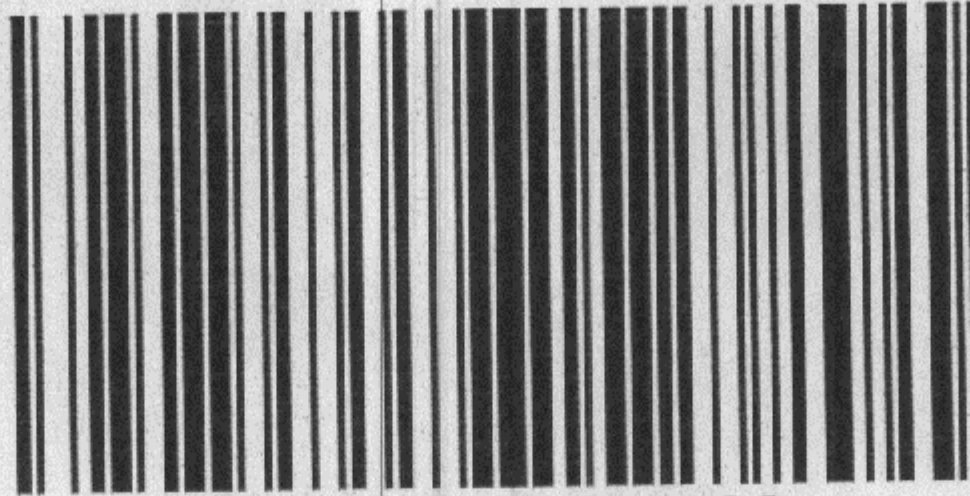


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD28484103

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Version Control (01/2018)

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le Creuset Menlyn</u> Street Address <u>Shop 12 January Masilela & Amarand Drive</u> Suburb <u>Waterkloof ext. 2</u> City / Town <u>Pretoria</u> Postal Code <u>0181</u> Contact <u>Tom</u> Phone <u>012 004 0082</u>		Company Name <u>Le Creuset</u> Street Address <u>Unit 5 Heron Park Old Paardevlei Rd Olive Grove Industrial Estate</u> Suburb <u>Somerset West</u> City / Town <u>Somerset West</u> Postal Code <u>8001</u> Contact <u>Vicky</u> Phone <u>021 851 7178</u>				<input type="checkbox"/> Same Day <input checked="" type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff <input type="checkbox"/>	
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)		Sender's Reference <u>4712261496</u> Analysis Code				1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>	
SPECIAL INSTRUCTIONS Tariff Code <u>027766</u> 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 1000.00 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)							
SENDER'S AUTHORISED SIGNATURE <u>[Signature]</u> DATE <u>02/05/2018</u>							
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number							
Total Parcels <u>1</u>		NO. OF PARCELS PER DIMENSIONS <u>File</u>		LENGTH (CM)		WIDTH (CM)	
HEIGHT (CM)		Total Mass (Kg)		Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>J BENADE</u> Date Received: <u>03 05 18</u> Time Received: <u>09 04</u> Signature: <u>[Signature]</u>			
Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>[Signature]</u> Date Received: <u>02 05 18</u> Time Received: <u>15 15</u> Signature: <u>[Signature]</u>							