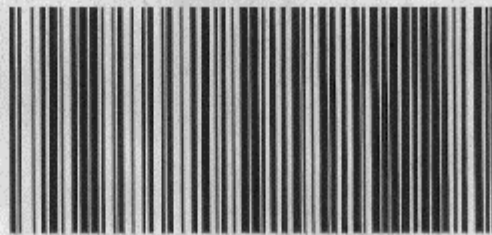


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
t/a DSV Distribution  
PO Box 83, The Rensils COB1  
Tel: (012) 673-2000  
Reg. No. 200401574707  
VAT Reg. No. 4280213873



SUBBD24860677


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <b>LE CREUSET</b>		Company Name: <b>Le Creuset Cresto</b>				<input type="checkbox"/> Same Day	
Street Address: <b>MALL OF AFRICA SHOP 2040</b>		Street Address: <b>Shop 441 Cresto Shopping Centre</b>				<input type="checkbox"/> Express	
CNR ALLANDALE & BEN SCHOEMAN		Peyets MAUDE DRIVE				<input type="checkbox"/> With Sunrise Option	
Suburb: <b>HIGHWAY -MIDRAND</b>		Suburb: <b>EMERBURG</b>				<input type="checkbox"/> With Saturday Service	
City/Town: <b>JNB</b> Postal Code: <b>2056</b>		City/Town: <b>Johannesburg</b> Postal Code: <b>2001</b>				<input type="checkbox"/> Public Holiday Service	
Contact: <b>CASSANDA</b>		Contact: <b>Thandile</b>				<input type="checkbox"/> Economy	
Phone: <b>011 568 2097</b>		Phone: <b>011 4761 7077</b>				<input type="checkbox"/> After Hours	
Destination Country: <b>South Africa</b>		Destination Country: <b>Botswana</b>				<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference: <b>UT10497334</b>		Analysis Code: <b>1077</b>				<input type="checkbox"/> 1. ONLINE	
<b>SPECIAL INSTRUCTIONS</b> 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"/> 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, 12.5 AND 12.7 OVERLEAF).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number						SENDER'S AUTHORIZED SIGNATURE: <i>[Signature]</i> DATE: <b>09/02/18</b>	
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)	
1		1 BOX					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <b>P HINDILE</b>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <b>[Signature]</b>			
Date Received: <b>120218</b>		Time Received: <b>1515</b>		Date Received: <b>090218</b>		Time Received: <b>1605</b>	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

POD COPY

Version Control (05/2016)