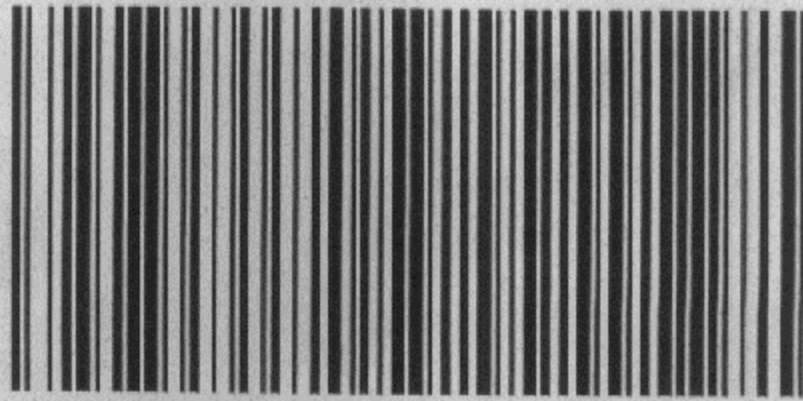


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD24860687


<b>Sender's Details</b>		<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>	
Company Name <u>LE CREUSET</u>		Company Name <u>LE CREUSET</u>				<input type="checkbox"/> Same Day	
Street Address <u>MALL OF AFRICA</u> <u>SHOP 2040</u>		Street Address <u>SHOP L21</u> <u>NICOLWAY SHOPPING CENTRE</u> <u>WILLIAM NICOL DRIVE</u> <u>BRYNSTON</u>				<input type="checkbox"/> Express	
Suburb <u>HIGHWAY -MIDRAND</u>		Suburb <u> </u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>JNB</u> Postal Code <u>2066</u>		City / Town <u>JOHANNESBURG</u> Postal Code <u> </u>				<input type="checkbox"/> With Saturday Service	
Contact <u>CASSANDA</u>		Contact <u>ZANELE</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>011 568 2097</u>		Phone <u>011 706-2198</u>				<input checked="" type="checkbox"/> Economy	
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"/> After Hours	
Sender's Reference <u>UT13425554</u>		Analysis Code <u> </u>				BLNS Customs Tariff <u> </u>	
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <u>027766</u>		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <u> </u>				1. ONLINE <input type="checkbox"/>	
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 <u> </u>				SENDER'S AUTHORISED SIGNATURE <u>[Signature]</u>		DATE <u>29/06/18</u>	
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)	
<u>1</u>		<u>BOX</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>ZANELE</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>MASHENO</u>			
Date Received: <u>020718</u>		Time Received: <u>1048</u>		Date Received: <u>290618</u>		Time Received: <u>1602</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

POD COPY

Version Control (06/2016)