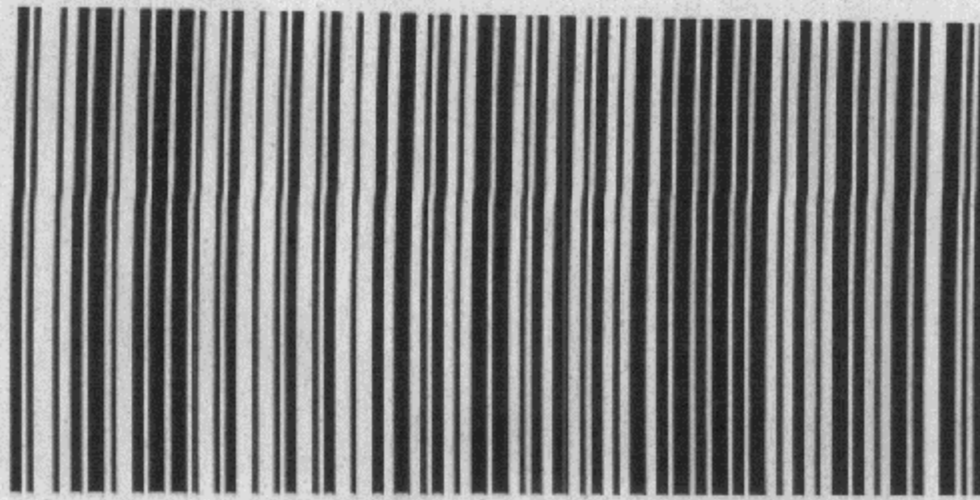


**CONTRACT FOR CARRIAGE / DISPATCH NOTE**



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



SUBBD24991754


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name <b>LE CREUSET CRESTA</b>		Company Name <b>le creuset</b>				<input type="checkbox"/> Same Day
Street Address <b>BEYERS NAUDE DRIVE SHOP U41 CRESTA SHOPPING CEN CRESTA</b>		Street Address <b>Unit 5 Heron Park olive Grove Industrial Estate old Daardevlei Road.</b>				<input checked="" type="checkbox"/> Express
Suburb <b>JOHANNESBURG</b>		Suburb <b>Somerset West</b>				<input type="checkbox"/> With Sunrise Option
City / Town <b>JNB</b> Postal Code		City / Town <b>CAPE TOWN</b> Postal Code				<input type="checkbox"/> With Saturday Service
Contact		Contact <b>NICKY</b>				<input type="checkbox"/> Public Holiday Service
Phone <b>011 476 6010</b>		Phone <b>021 831 7178</b>				<input 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)
Sender's Reference	<b>UT 10659359</b>				Analysis Code	

**SPECIAL INSTRUCTIONS**

Bill Charges To Account No. **027766** Bill To  Sender Consignee  Other (Name Please)

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).

**SENDER'S AUTHORISED SIGNATURE** *Benade* **DATE** **16/02/2018**

e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<b>1</b>	<b>Flyer</b>			

<b>Goods received in full without damage (unless endorsed)</b> Name Of Receiver (PLEASE PRINT CLEARLY) <b>J BENADE</b>		<b>Received By DSV</b> Name Of Courier (PLEASE PRINT CLEARLY) <b>CPHRAIM</b>	
Date Received: <b>19 02 18</b>	Time Received: <b>11 45</b>	Date Received: <b>16 02 18</b>	Time Received: <b>17 26</b>
Signature: <i>Benade</i>	Signature: <i>[Signature]</i>		

POD COPY

Version Control (06/2016)