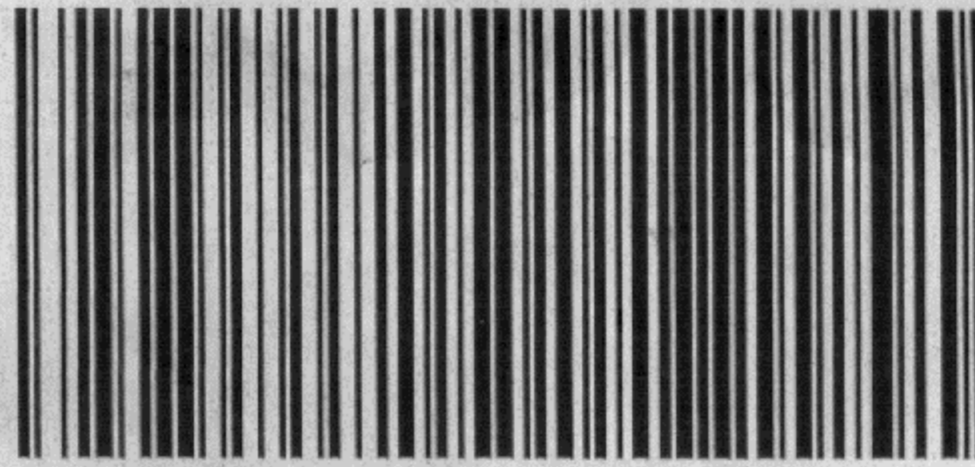


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD24991768

ADDITIONAL					
TRACKING					
NUMBERS					

Sender's Details Company Name: LE CREUSET CRESTA Street Address: BEYERS NAUDE DRIVE SHOP U41 CRESTA SHOPPING CEN CRESTA Suburb: JOHANNESBURG City / Town: JNB Postal Code: _____ Contact: _____ Phone: 011 476 6010 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) _____		Consignee's Details. Full Street Address Please Company Name: LE CREUSET BALLITO Junction Street Address: LE CREUSET BALLITO Junction SHOP 244 LEONORA DRIVE BALLITO Suburb: DOLPHIN COAST City / Town: DURBAN Postal Code: 4399 Contact: _____ Phone: _____		Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff _____
Sender's Reference: _____ Analysis Code: _____		1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>		
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> 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 AUTHORIZED SIGNATURE: <i>[Signature]</i> DATE: 15/01/2018				
Total Parcels: 1 NO. OF PARCELS PER DIMENSIONS: _____ LENGTH (CM): _____ WIDTH (CM): _____ HEIGHT (CM): _____		Total Mass (Kg) _____		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): HECO Date Received: 16/01/18 Time Received: 15:11M Signature: <i>[Signature]</i>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): TRIS Date Received: 16/01/18 Time Received: 17:04M Signature: <i>[Signature]</i>		

Version Control (06/2016)