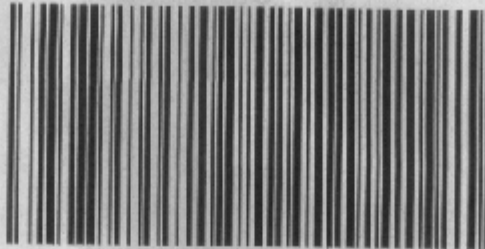


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
 t/a DSV Distribution
 PO Box 83, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2004/016747/07
 VAT Reg. No. 4280213673



SUBBD25131632

SUBBT09278990
SUBBT09278991
TRACKING
NUMBERS

POD COPY

Sender's Details Company Name: LE CREUSET HEAD OFFICE Street Address: UNIT 5, HERON PA OLIVE GROVE IND. ESTATE OLD PAARDEVLEI RD SOMERSET WEST Suburb: SOMERSET WEST City / Town: CPT Postal Code: 7190 Contact: JASHIN FRASER Phone: 021 851 7178		Consignee's Details. Full Street Address Please Company Name: LE CREUSET BEDFORD Street Address: SHOP U17 BEDFROD CENTRE CNR SMITH & VAN DER LIN Suburb: BEDFORDVIEW City / Town: JNB Postal Code: 2007 Contact: NATASHA Phone: 011 615 1923		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
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)		BLNS Customs Tariff		
Sender's Reference: BIS Analysis Code:		1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>		
SPECIAL INSTRUCTIONS Bill Charges To Account No: 027766 Bill To: <input type="checkbox"/> Sender <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)		Total Mass (Kg) 40		
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		DATE		
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		Total Parcels: 3		
NO. OF PARCELS PER DIMENSIONS		LENGTH (CM) 68 37 30		
WIDTH (CM) 45 32 30		HEIGHT (CM) 37 53 20		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) NAKEDI		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) 10009		
Date Received: 31.07.18 Time Received: 11:19		Date Received: 27.07.18 Time Received: 11:20		
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>		

Version Control (06/2018)