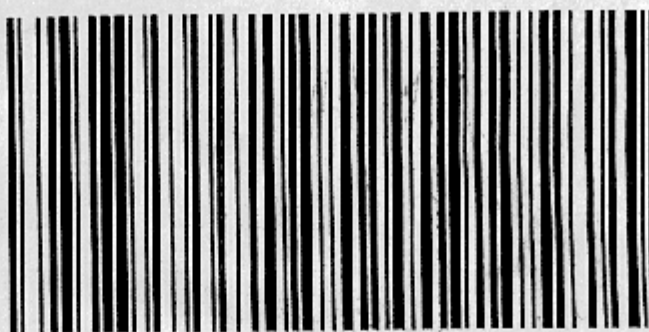


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD25131850


Sender's Details		Consignee's Details. Full Street Address Please	
Company Name <b>LE CREUSET HEAD OFFICE</b>		Company Name <b>LE CREUSET WALMER</b>	
Street Address <b>UNIT 5, HERON PA OLIVE GROVE IND. ESTATE OLD PAARDEVLEI RD</b>		Street Address <b>SHOP 103 WALMER PARK SHOP. CNTR</b>	
Suburb <b>SOMERSET WEST</b>		Suburb <b>PORT ELIZABETH</b>	
City / Town <b>CPT</b> Postal Code <b>7130</b>	City / Town <b>PLZ</b> Postal Code <b>6001</b>	Contact <b>RENE NEUFELDT</b>	
Contact <b>JASHIN FRASER</b>		Phone <b>041 367 2318</b>	
Phone <b>021 851 7178</b>			

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Destination Country	South Africa <input checked="" type="checkbox"/>	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference						

**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: *[Signature]* DATE: **21/01/19**

e-mail / Fax / Proof of Delivery  e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<b>1</b>		<b>45</b>	<b>36</b>	<b>1</b>

Economy

After Hours

BLNS Customs Tariff

1. ONLINE

3. EFT

Total Mass (Kg) **1**

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY) **René**

Date Received: **22 01 19** Time Received: **11:07**

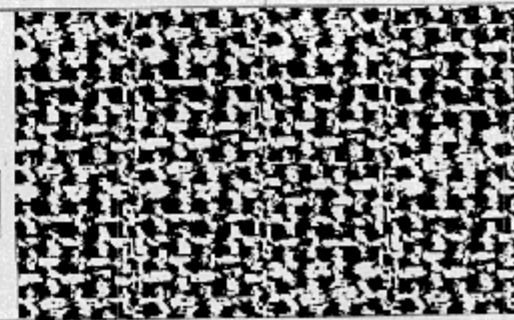
Signature: *[Signature]*

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY) **Label**

Date Received: **21 01 19** Time Received: **16:30**

Signature: *[Signature]*



POD COPY