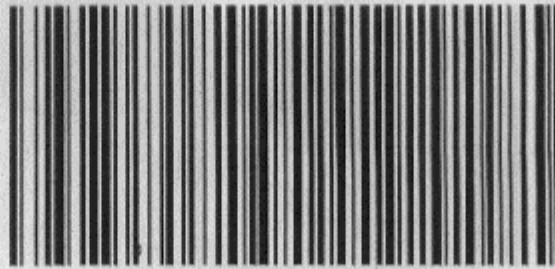


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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. 4260213673



SUBBD25131862

ADDITIONAL					
TRACKING					
NUMBERS					

<b>Sender's Details</b>		<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>	
Company Name <b>LE CREUSET HEAD OFFICE</b>		Company Name <b>LE CREUSET WATERFRONT</b>				<input type="checkbox"/> Same Day	
Street Address <b>UNIT 5, HERON PA OLIVE GROVE IND. ESTATE</b>		Street Address <b>V &amp; A WATERFRONT SHOP 6197</b>				<input checked="" type="checkbox"/> Express	
Suburb <b>OLD PAARDEVLEI RD</b>		Suburb <b>VICTORIA &amp; ALFRED MALL</b>				<input type="checkbox"/> With Sunrise Option	
Suburb <b>SOMERSET WEST</b>		Suburb <b>CAPE TOWN</b>				<input type="checkbox"/> With Saturday Service	
City / Town <b>CPT</b>	Postal Code <b>7150</b>	City / Town <b>CPT</b>	Postal Code <b>8000</b>			<input type="checkbox"/> Public Holiday Service	
Contact <b>JASHIN FRASER</b>		Contact <b>CINDY PETERSEN</b>				<input type="checkbox"/> Economy	
Phone <b>021 851 7178</b>		Phone <b>021 763 1525</b>				<input type="checkbox"/> After Hours	
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference <b>pos 2018</b>		Analysis Code					
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <b>027766</b>		Bill To <input type="checkbox"/> Sender		<input checked="" 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).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number					
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>	<b>LENGTH (CM)</b>	<b>WIDTH (CM)</b>	<b>HEIGHT (CM)</b>	<b>Total Mass (Kg)</b>	
1							
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>			
Name Of Receiver (PLEASE PRINT CLEARLY) <b>MANDOPHA</b>				Name Of Courier (PLEASE PRINT CLEARLY) <b>LOECC</b>			
Date Received: <b>12 06 18</b>		Time Received: <b>12 34</b>		Date Received: <b>11 06 18</b>		Time Received: <b>11 05 0</b>	
Signature:				Signature:			

POD COPY

Version Control: (05/2015)