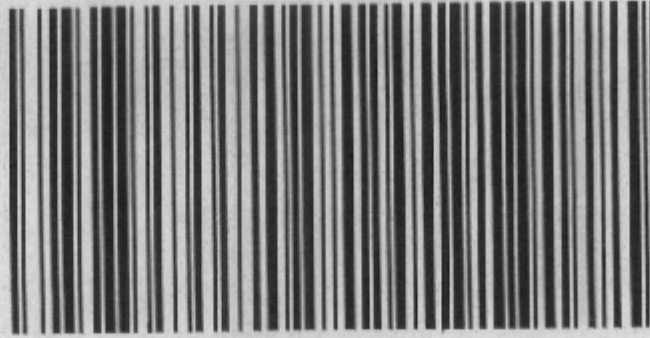


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



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|--|--------------------------------|---|-------------------------|--|
| 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: 7150 Contact: JASHIN FRASER Phone: 021 851 7178 | | Consignee's Details. Full Street Address Please Company Name: LE CREUSET WATERFRONT Street Address: V & A WATERFRON SHOP 6197 VICTORIA & ALFRED MALL Suburb: CAPE TOWN City/Town: CPT Postal Code: 8000 Contact: CINDY PETERSEN Phone: 021 763 1525 | | Mark Service Required <input type="checkbox"/> Same Day <input checked="" type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff <input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT |
| Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify) | | Sender's Reference: 1693 Analysis Code: | | |
| 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) <input type="checkbox"/> 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 | | SENDER'S AUTHORISED SIGNATURE: XAVIER DATE: 8.1.19 | | |
| Total Parcels | | Total Mass (Kg) | | |
| NO. OF PARCELS PER DIMENSIONS 1 | LENGTH (CM) FLYER 36 | WIDTH (CM) 49 | HEIGHT (CM) 1 | |
| Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Candice | | Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) MURKIN | | |
| Date Received: 090119 | | Date Received: 080119 | | |
| Time Received: 1138 | | Time Received: 1541 | | |
| Signature: <i>[Signature]</i> | | Signature: <i>[Signature]</i> | | |

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Version Control (06/2016)