

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
t/a DSV Distribution  
PO Box 53, The Reads 0081  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213673



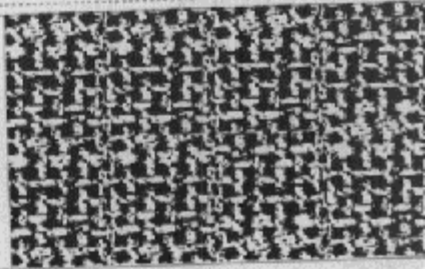
SUBBD25396615



| Sender's Details   |  | Consignee's Details. Full Street Address Please      |  |   |  | Mark Service Required                           |  |
|--|--|--|--|---|--|---|--|
| Company Name: <u>Le Creuset</u>  |  | Company Name: <u>Le Creuset</u>                      |  |   |  | <input type="checkbox"/> Same Day               |  |
| Street Address: <u>Shop 318</u>  |  | Street Address: <u>Unit 5 Heron Park</u>             |  |   |  | <input type="checkbox"/> Express                |  |
| Corner <u>Waterford's Park</u>   |  | Olive Grove Industrial Estate                        |  |   |  | <input type="checkbox"/> With Sunrise Option    |  |
| Brooklyn mall  |  | Old Riebeek Rd                                       |  |   |  | <input type="checkbox"/> With Saturday Service  |  |
| Suburb: <u>Brooklyn</u>  |  | Suburb: <u>Somerset West</u>                         |  |   |  | <input type="checkbox"/> Public Holiday Service |  |
| City/Town: <u>PTAV</u> Postal Code: <u>002</u>   |  | City/Town: <u>Cape Town</u> Postal Code: <u>7700</u> |  |   |  | <input checked="" type="checkbox"/> Economy     |  |
| Contact: <u>Fahna</u>  |  | Contact: <u>Jenna</u>                                |  |   |  | <input type="checkbox"/> After Hours            |  |
| Phone: <u>012 346 2840</u>   |  | Phone: <u>021 851 7178</u>                           |  |   |  | BLNS Customs Tariff                             |  |
| Destination Country: <u>South Africa</u>   |  | Lesotho <input type="checkbox"/>                     |  | Namibia <input type="checkbox"/>  |  | Swaziland <input type="checkbox"/>              |  |
|  |  | Other (Please Specify): <input type="checkbox"/>     |  |   |  | 1. ONLINE <input type="checkbox"/>              |  |
| Sender's Reference: <u>UTI0963215</u>  |  | Analysis Code: <u>1010</u>                           |  |   |  | 3. EFT <input type="checkbox"/>                 |  |
| <b>SPECIAL INSTRUCTIONS</b>  |  |  |  |   |  |   |  |
| Bill Charges To Account No. <u>027766</u>  |  | Bill To <input type="checkbox"/> Sender              |  | Consignee <input type="checkbox"/>  |  | Other (Name Please) <input type="checkbox"/>    |  |
| 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                          |  |   |  |   |  |
| Total Parcels  |  | NO. OF PARCELS PER DIMENSIONS                        |  | LENGTH (CM)   |  | WIDTH (CM)                                      |  |
| 1  |  | Box  |  |   |  |   |  |
| Goods received in full without damage (unless endorsed)<br>Name Of Receiver (PLEASE PRINT CLEARLY)<br><u>ECW/NO</u>  |  |  |  | Received By DSV<br>Name Of Courier (PLEASE PRINT CLEARLY)<br><u>Steynford</u> |  |   |  |
| Date Received:<br><u>050518</u>  |  | Time Received:<br><u>1025</u>                        |  | Date Received:<br><u>010318</u>   |  | Time Received:<br><u>1550M</u>                  |  |
| Signature: <u>[Signature]</u>  |  |  |  | Signature: <u>[Signature]</u>   |  |   |  |

POD COPY

Version Control (05/2016)



Total Mass (Kg)