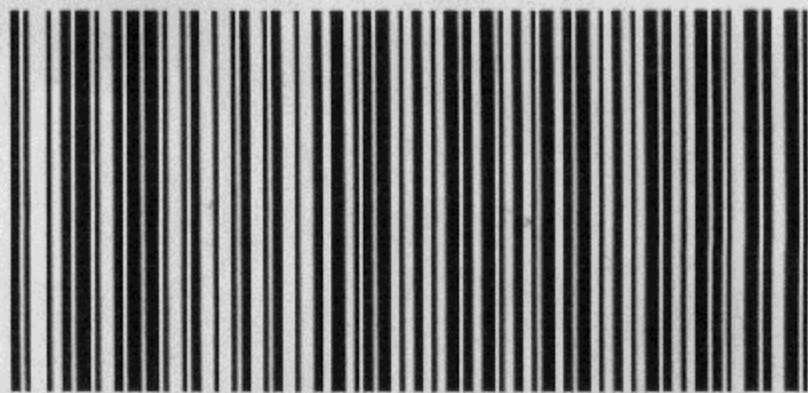


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD25463544

Sender's Details Company Name: LE CREUSET TYGERVALLEY Street Address: SHOP 513 TYGERVALLEY CENTRE BILL BEZUIDENHOUT AVE Suburb: BELLVILLE City/Town: CPT Postal Code: 7530 Contact: SHARON MASWAN Phone: 021 914 7053				Consignee's Details. Full Street Address Please Company Name: Le Creuset Street Address: Shop 3 La Lucia Mall 90 William Campbell Drive (KZN) La Lucia Suburb: La Lucia City/Town: Durban Postal Code: 4051 Contact: Helena Phone: 031 40 1258				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				Analysis Code				<input type="checkbox"/> 1. ONLINE	<input type="checkbox"/> 3. EFT	Total Mass (Kg)		
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To: <input checked="" type="checkbox"/> Sender <input 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				SENDER'S AUTHORIZED SIGNATURE:				DATE: 2018/02/14				
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)		Total Mass (Kg)				
<input type="checkbox"/>	_____	_____		_____		_____		_____				
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): A f i s h q						Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): Sandiso						
Date Received: 6 9 0 2 1 8			Time Received: 1 4 4 3			Date Received: 1 5 0 2 1 8			Time Received: 1 7 3 4			
Signature:						Signature:						

POD COPY