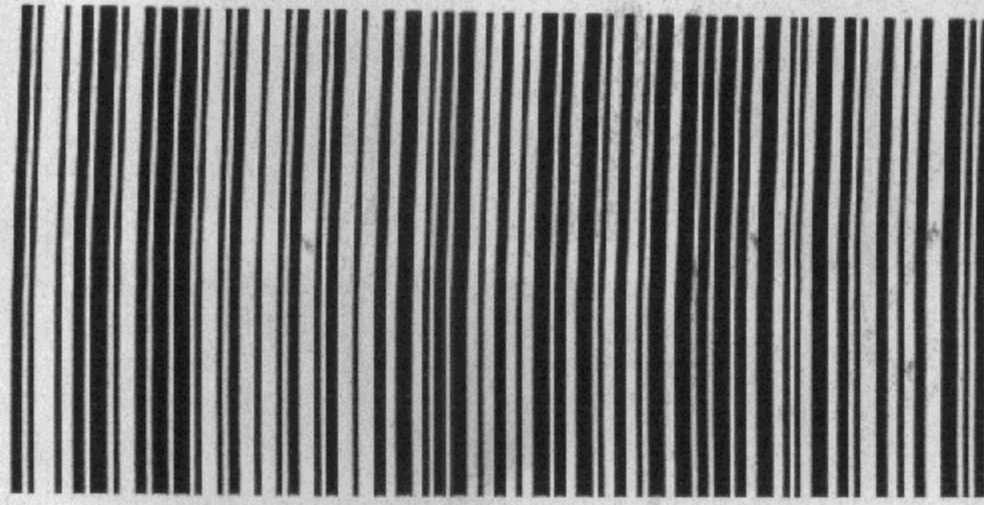


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD25463721

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET BOUTIQUE STO		Company Name Le Creuset Tygervalley				<input type="checkbox"/> Same Day	
Street Address SHOP 20B GARDENS CENTRE		Street Address Shop 513 Upper Level				<input type="checkbox"/> Express	
BUITENKANT STREET		Bill Bezuidenhout Road				<input type="checkbox"/> With Sunrise Option	
GARDENS		Tygervalley Centre				<input type="checkbox"/> With Saturday Service	
Suburb GARDENS		Suburb Tygervalley				<input type="checkbox"/> Public Holiday Service	
City / Town CPT Postal Code 8001		City / Town Cape Town Postal Code 7530				<input checked="" type="checkbox"/> Economy	
Contact LAURENCIA FITCHE		Contact Lize Mare				<input type="checkbox"/> After Hours	
Phone 021 462 7277		Phone 021 914 7053				BLNS Customs Tariff	

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference	Analysis Code					

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **027766** Bill To Sender Consignee Other (Name Please)

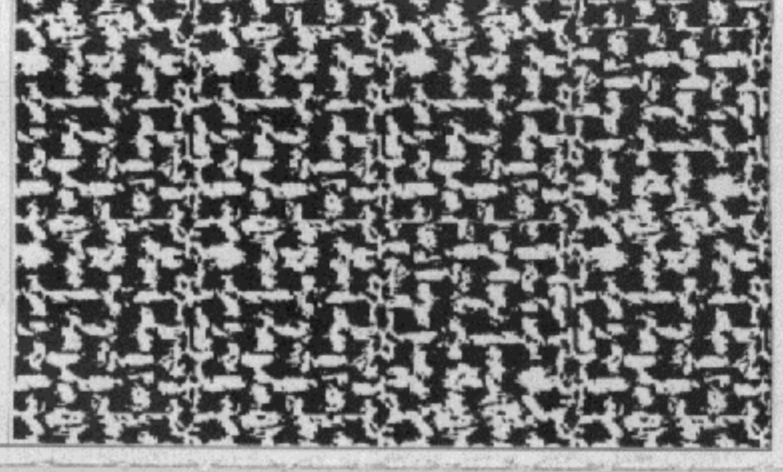
If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.

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).

[Signature] **SENDER'S AUTHORISED SIGNATURE** **17/01/2017** **DATE**

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)	HEIGHT (CM)
1				

Goods received in full without damage (unless endorsed)		Received By DSV	
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)	
STEPHANIE		JOO!	
Date Received:	Time Received:	Date Received:	Time Received:
180118	1405	170118	1145
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	



Version Control (06/2016)