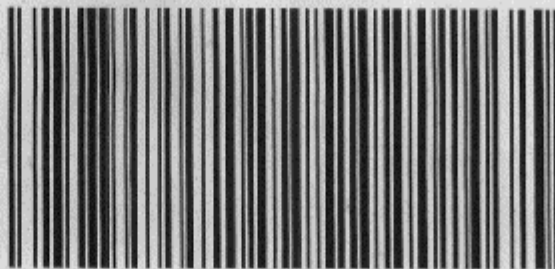


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD25505593


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 January Masilela &amp; Amagand Drive, Menlyn Maine</u>		Street Address <u>Unit 5 Heron Park Olive Grove Industrial Somerset West</u>				<input checked="" type="checkbox"/> <del>Express</del>	
Suburb <u>Waterkloof Ext 2</u>		Suburb <u>Somerset West</u>				<input type="checkbox"/> With Sunrise Option	
City/Town <u>Pretoria</u> Postal Code <u>0181</u>		City/Town <u>Cape Town</u> Postal Code <u>0002</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>Jon</u>		Contact <u>Lauren</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>012 004 0082</u>		Phone <u>021 851 7178</u>				<input type="checkbox"/> Economy	
Destination Country		South Africa				<input type="checkbox"/> After Hours	
Botswana		Lesotho				<input type="checkbox"/> BLNS Customs Tariff	
Namibia		Swaziland				<input type="checkbox"/>	
Other (Please Specify)		Analysis Code				<input type="checkbox"/>	
Sender's Reference <u>UT I 0962537</u>						<input type="checkbox"/> 1. ONLINE	
<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 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 12.6 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>	
1							
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
LAUREN				Emmodent			
Date Received:		Time Received:		Date Received:		Time Received:	
020318		0948		010318		1604	
Signature:				Signature:			

POD COPY

Total Mass (Kg)

Version Control (05/2016)