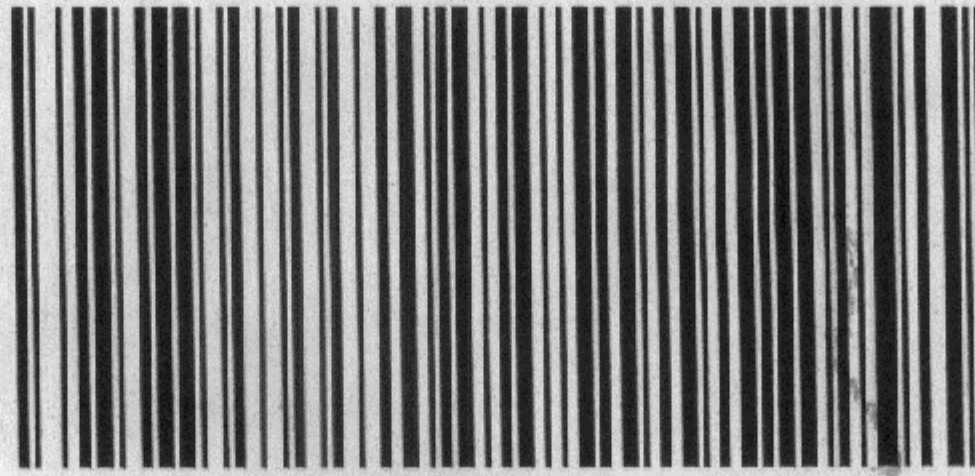


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD25508879


Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name..... <b>LE CREUSET BOUTIQUE STORE</b>		Company Name..... <b>LE CREUSET</b>						<input type="checkbox"/> Same Day	
Street Address..... <b>SHOP 100 CONSTANTIA VILLAGE CONSTANTIA</b>		Street Address..... <b>V &amp; A WATERFRONT SHOP 6197 VICTORIA WHARF CENTRE CAPE TOWN</b>						<input type="checkbox"/> Express	
Suburb..... <b>CAPE TOWN</b>		Suburb..... <b>CAPE TOWN</b>						<input type="checkbox"/> With Sunrise Option	
City / Town..... <b>CPT</b> Postal Code..... <b>7700</b>		City / Town..... <b>CAPE TOWN</b> Postal Code..... <b>8002</b>						<input type="checkbox"/> With Saturday Service	
Contact..... <b>NICOLE PRINCE</b>		Contact..... <b>CINDY</b>						<input type="checkbox"/> Public Holiday Service	
Phone..... <b>021 794 3615</b>		Phone..... <b>021 421 3521</b>						<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)	<input type="checkbox"/> After Hours	
Sender's Reference <b>UT 1 030789</b>		Analysis Code						BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No. <b>027766</b>		Bill To <input type="checkbox"/> Sender <input checked="" type="checkbox"/> Consignee		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			
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>	<b>LENGTH (CM)</b>	<b>WIDTH (CM)</b>	<b>HEIGHT (CM)</b>	<b>Total Mass (Kg)</b>			
1									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>ANGELICA</b>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>STEPHAN</b>				
Date Received: <b>060318</b>		Time Received: <b>1253</b>			Date Received: <b>050318</b>		Time Received: <b>1350</b>		
Signature:					Signature:				

POD COPY

Version Control (06/2016)