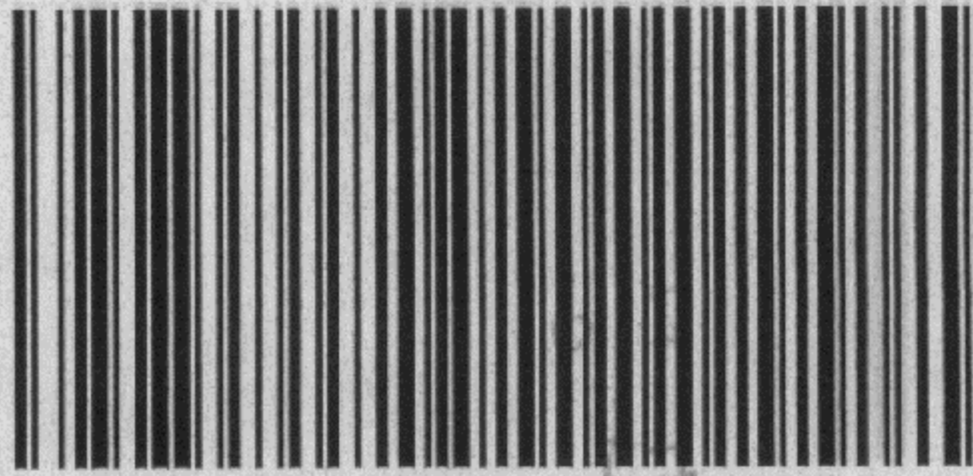


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD25699966

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Leceuset Baywest</u>		Company Name <u>Leceuset Constanbia</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop 1643, Lower level, Baywest Mall, Nz, Walker Drive extension</u>		Street Address <u>The Constanbia Village Shop 15, Constanbia Main Road and Spangsmacht Road</u>				<input type="checkbox"/> Express	
Suburb <u>Walker Drive extension</u>		Suburb <u>Constanbia</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>P.E</u> Postal Code <u>6001</u>		City / Town <u>Capetown</u> Postal Code <u>7800</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>Rene</u>		Contact <u>John</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>021 004 0011</u>		Phone <u>021 794 3615</u>				<input checked="" type="checkbox"/> Economy	
Destination Country		(Please Specify)				<input type="checkbox"/> After Hours	
South Africa		Botswana				BLNS Customs Tariff	
Lesotho		Namibia				1. ONLINE <input type="checkbox"/>	
Swaziland		Other				3. EFT <input type="checkbox"/>	
Sender's Reference <u>UTI</u>		Analysis Code				Total Mass (Kg)	
SPECIAL INSTRUCTIONS		Bill Charges To Account No. <input type="checkbox"/>				2	
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 12.5, 12.6 AND 12.7 OVERLEAF).		<p style="text-align: center;"><i>[Signature]</i> SENDER'S AUTHORISED SIGNATURE</p> <p style="text-align: right;"><i>[Date]</i> DATE</p>					
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)			
<input type="checkbox"/> 1	<u>1 Box</u>	<u>22</u>	<u>21</u>	<u>27</u>			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>GARNETTE</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)					
Date Received: <u>15 05 18</u>		Time Received: <u>11 25</u>					
Signature: <i>[Signature]</i>		Signature:					

Version Control: (06/2016)