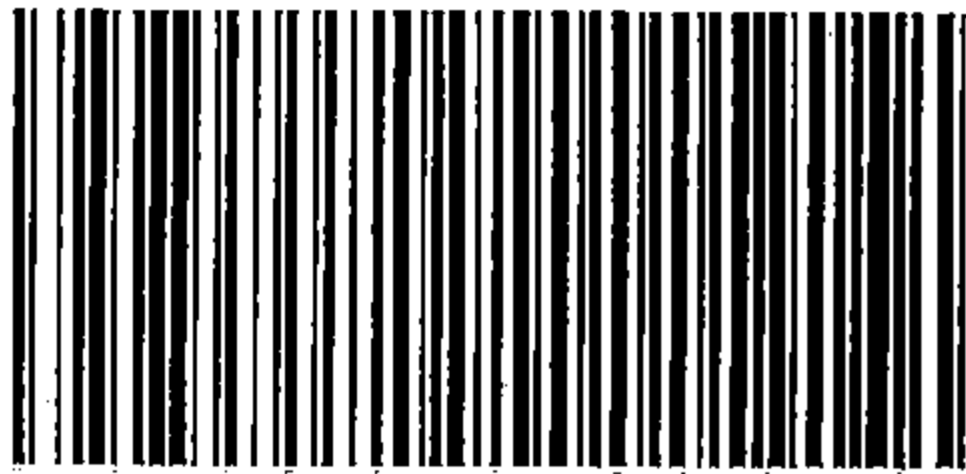


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD25699971

Banking File									

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required																					
Company Name <u>Le Creuset Baywest</u>				Company Name <u>Le Creuset Accounts</u>				Same Day																					
Street Address <u>Shop LG 43</u>				Street Address <u>Unit 5, Heron Park</u>				Express <input checked="" type="checkbox"/>																					
<u>Baywest Mall</u>				<u>Olive Grove, Industrial Est.</u>				With Sunrise Option																					
Suburb <u>Walker Drive Ext.</u>				Suburb <u>Somerset West.</u>				With Saturday Service																					
City/Town <u>P.E</u>		Postal Code <u>6001</u>		City/Town <u>Cape Town</u>		Postal Code <u>7173</u>		Public Holiday Service																					
Contact <u>Kene Nantebit</u>				Contact <u>Clarice Brown</u>				Economy																					
Phone <u>011 004 0011</u>				Phone <u>021 851 7178</u>				After Hours																					
Destination Country		South Africa		Botswana		Lesotho		Namibia																					
Swaziland		Other (Please Specify)																											
Sender's Reference <u>UT 1 27 24 599</u>				Analysis Code																									
SPECIAL INSTRUCTIONS																													
Bill Charges To Account No. <u>27766</u>		Bill To Sender <input type="checkbox"/>		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).																													
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		1		44		36		5																					
Goods received in full without damage (unless endorsed)					Received By DSV																								
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)																								
J BENA DE					XOLANI																								
Date Received:					Date Received:																								
040618					010518																								
Time Received:					Time Received:																								
1100					1715																								
Signature: <u>[Signature]</u>					Signature: <u>[Signature]</u>																								
<table border="1"> <tr> <td colspan="10">Total Mass (Kg)</td> </tr> <tr> <td colspan="10">1</td> </tr> </table>										Total Mass (Kg)										1									
Total Mass (Kg)																													
1																													

Version Control (06/2016)