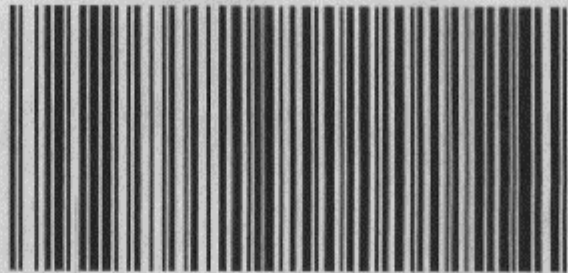


CONTRACT FOR CARRIAGE / DISPATCH NOTE

Replacement



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. 4260213973



SUBBD25699990

Att Franci

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name	Le Creuset Baywest	Company Name	Le Creuset Warehouse
Street Address	Shop Le Creuset Lane Le Creuset Baywest Mall 1/2, Walker Drive extension	Street Address	Unit 5, Heron Park Olive Grove, industrial estate off Riebeeck Road
Suburb	Walker Drive extension	Suburb	Somerset West
City / Town	P.E. Postal Code 6001	City / Town	Capetown Postal Code 7100
Contact	Paul	Contact	Franci
Phone	021 004 0011	Phone	021 851 7178

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

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

SPECIAL INSTRUCTIONS

Bill Charges To Account No. 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).

SENDER'S AUTHORIZED SIGNATURE: *[Signature]* DATE: _____

1. ONLINE

3. EFT

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number _____

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1	Box	58	33	40

Total Mass (Kg)

Goods received in full without damage (unless endorsed)
Name Of Receiver (PLEASE PRINT CLEARLY)
BASIL

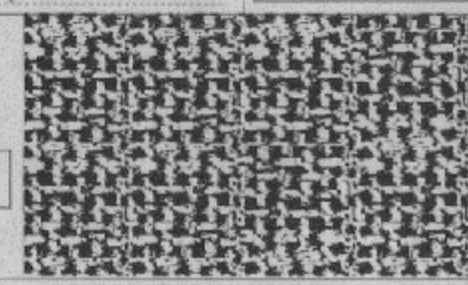
Date Received: 23 05 18
Time Received: 09 29

Signature: *[Signature]*

Received By DSV
Name Of Courier (PLEASE PRINT CLEARLY)
XOLAMI

Date Received: 22 05 18
Time Received: 14 58

Signature: *[Signature]*



POD COPY