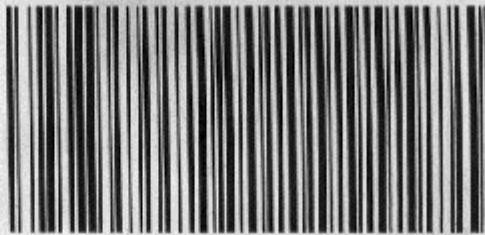


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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

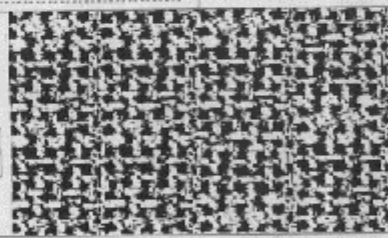


SUBBD25926666

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <u>LE CREUSET MALL OF AFRI</u>		Company Name: <u>Le Creuset Woodlands</u>				<input type="checkbox"/> Same Day	
Street Address: <u>SHOP 2040</u> <u>CNR ALLANDALE &</u> <u>BEN SCHOEMAN HIGHWAY</u>		Street Address: <u>SHOP 276, WOODLANDS</u> <u>BOULEVARD ENO CLAESFOORT RD</u> <u>9 DE VILLEBOIS MARSHALL DR</u> <u>MARLEPOORT</u>				<input type="checkbox"/> Express	
Suburb: <u>WATERFALL ESTATE</u>		Suburb: <u>MARLEPOORT</u>				<input type="checkbox"/> With Sunrise Option	
City/Town: <u>JNB</u> Postal Code: <u>2066</u>		City/Town: <u>Tintonia</u> Postal Code: <u>0002</u>				<input type="checkbox"/> With Saturday Service	
Contact: <u>PHINDILE KHANGALE</u>		Contact: <u>MARISKA</u>				<input type="checkbox"/> Public Holiday Service	
Phone: <u>011 568 2097</u>		Phone: <u>012 977 3777</u>				<input type="checkbox"/> Economy	
Destination Country: <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)						<input type="checkbox"/> After Hours	
Sender's Reference: <u>TRIPPLY RUCM Filing PH</u>		Analysis Code: _____				<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No: <u>027765</u>		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) _____				<input type="checkbox"/> 1. ONLINE <input type="checkbox"/>	
If Consignee Or Other (Third Party) Is Elected, 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)		Total Mass (Kg)					
_____		_____					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>MARISKA</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>Mashego</u>			
Date Received: <u>180718</u>		Time Received: <u>1400</u>		Date Received: <u>170718</u>		Time Received: <u>1120</u>	
Signature:				Signature:			

POD COPY

Version Control (05/21/10)



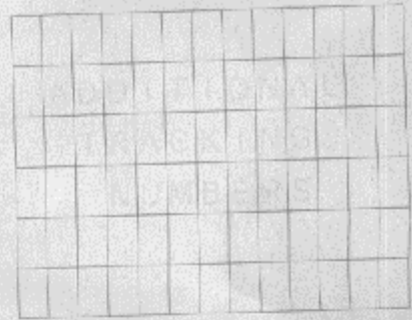
CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
 t/a DSV Distribution
 PO Box 63, The Rocks 0061
 Tel (012) 673-2000
 Reg No. 2004/015747/07
 VAT Reg. No. 4260213873



SUBBD25926666



Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: LE CREUSET MALL OF AFRI		Company Name: Le Creuset Woodlands				<input type="checkbox"/> Same Day	
Street Address: SHOP 2040 CNR ALLANDALE & BEN SCHOEMAN HIGHWAY		Street Address: SHOP 276, WOODLANDS BOULEVARD CNR CHASFOSTER RD 9 DE VILLEBOIS MAROUX CR MOBILE PARK				<input type="checkbox"/> Express	
Suburb: WATERFALL ESTATE		Suburb: MOBILE PARK				<input type="checkbox"/> With Sunrise Option	
City / Town: JNB Postal Code: 2056		City / Town: Pietermaritzburg Postal Code: 0000				<input type="checkbox"/> With Saturday Service	
Contact: PHINDILE KHANGALE		Contact: MARISKA				<input type="checkbox"/> Public Holiday Service	
Phone: 011 568 2097		Phone: 012 797 2777				<input type="checkbox"/> Economy	
Destination Country: <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)		Analysis Code				<input type="checkbox"/> After Hours	
Sender's Reference: TRIPPLY RUM FLYING RH						<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No: 027765		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)					
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 12.8 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)	
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY): MARISKA				Name Of Courier (PLEASE PRINT CLEARLY): MARISKA			
Date Received: 180718		Time Received: 1440		Date Received: 170718		Time Received: 1120	
Signature:				Signature:			

POD COPY

Version Control (DA2008)

1. ONLINE	<input type="checkbox"/>
3. EFT	<input type="checkbox"/>

Total Mass (Kg)

