

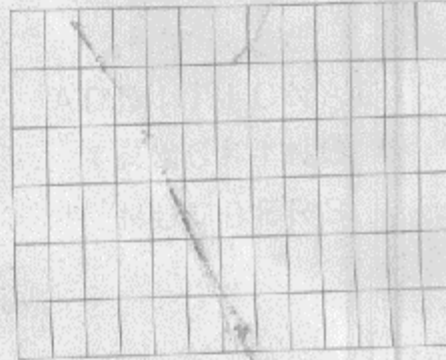
CONTRACT FOR CARRIAGE / DISPATCH NOTE




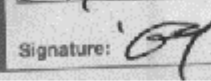
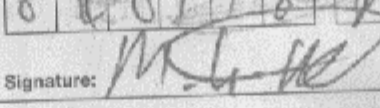
DSV South Africa  
t/a DSV Distribution  
PO Box 63, The Reads 0061  
Tel (012) 673-2000  
Reg. No. 2004/016747/07  
VAT Reg. No. 4260213873



SUBBD26095929



POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSET</b>		Company Name <b>EVA SASSOON</b>				<input type="checkbox"/> Same Day	
Street Address <b>SHOP 105 GARDEN ROUTE MALL N2 HIGHWAY &amp; KNYSNA RD</b>		Street Address <b>41 SAND KOP WILDERNES</b>				<input type="checkbox"/> Express	
Suburb <b>GEORGE</b>		Suburb <b>WILDERNES</b>				<input type="checkbox"/> With Sunrise Option	
City / Town <b>GEORGE (GR)</b> Postal Code <b>6546</b>		City / Town <b>WILDERNES</b> Postal Code <b>6538</b>		<input type="checkbox"/> With Saturday Service		<input type="checkbox"/> Public Holiday Service	
Contact <b>ELZANNE</b>		Contact <b>EVA SASSOON</b>				<input checked="" type="checkbox"/> Economy	
Phone <b>044 004 0112</b>		Phone <b>082 854 0015</b>				<input type="checkbox"/> After Hours	
Destination Country <input 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"/> BLNS Customs Tariff	
Sender's Reference						<input type="checkbox"/> 1. ONLINE	
<b>SPECIAL INSTRUCTIONS</b>						<input type="checkbox"/> 3. EFT	
Bill Charges To Account No. <b>027766</b>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>					
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 AUTHORISED SIGNATURE				DATE <b>04/01/2018</b>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number						Total Mass (	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
<b>1</b>		<b>BOX</b>					
HEIGHT (CM)							
Goods received in full without damage (unless endorsed)		Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)					
<b>GLOZIAMUOVE</b>		<b>MBOUGENI</b>					
Date Received: <b>090118</b>		Time Received: <b>1430</b>		Date Received: <b>090118</b>			
Signature: 		Signature: 					

Version Control (01/2016)