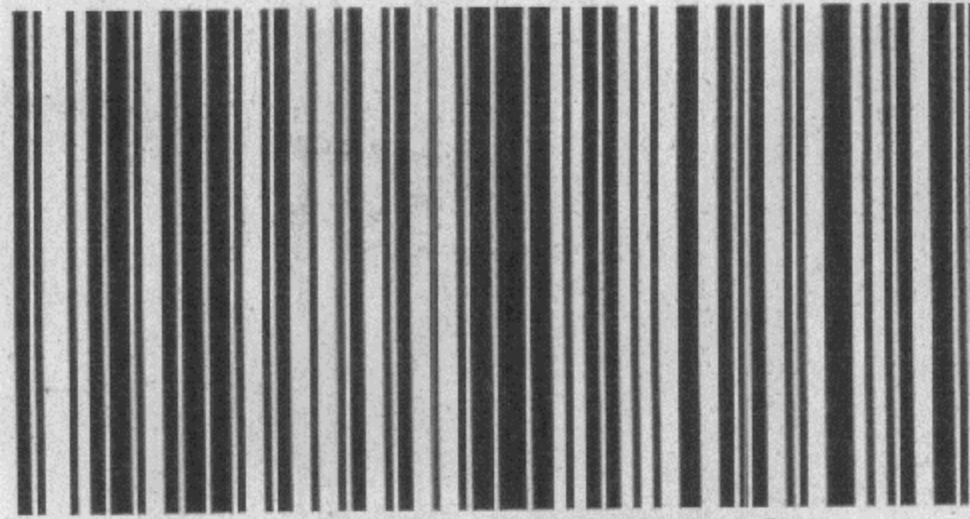


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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

830



SUBBD26095940

11297099
11297100
11297101

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required			
Company Name	LE CREUSET	Company Name	Le Creuset South Africa						<input type="checkbox"/> Same Day		
Street Address	SHOP 105 GARDEN ROUTE MALL N2 HIGHWAY & KNYSNA RD GEORGE	Street Address	Unit 5 Heron Park Olive Grove Park Somerset West						<input type="checkbox"/> Express With Sunrise Op.		
Suburb	GEORGE (GRJ)	Suburb	Somerset West						<input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service		
City / Town	GEORGE (GRJ) ELZANNE	City / Town	Cape Town			Postal Code	8001			<input checked="" type="checkbox"/> Economy	
Contact		Contact	Jenna Polser						<input type="checkbox"/> After Hours		
Phone	044 004 0112	Phone	021 851 7178						BLNS Customs Tariff		
Destination Country	South Africa	Destination Country	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)				
Sender's Reference		Analysis Code							1. ONLINE <input type="checkbox"/>		
<b>SPECIAL INSTRUCTIONS</b>										3. EFT <input type="checkbox"/>	
Bill Charges To Account No.	027766	Bill To	<input type="checkbox"/> Sender	<input type="checkbox"/> Consignee	<input type="checkbox"/> 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).										Total Mass (Kg)	
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)							
3+1	3 BOXES 1 LADDER										
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)						
ECU/INO					CURWA						
Date Received:		Time Received:			Date Received:		Time Received:				
150218		0945			130218		1045				
Signature:					Signature:						

POD COPY

on Control (06/2016)