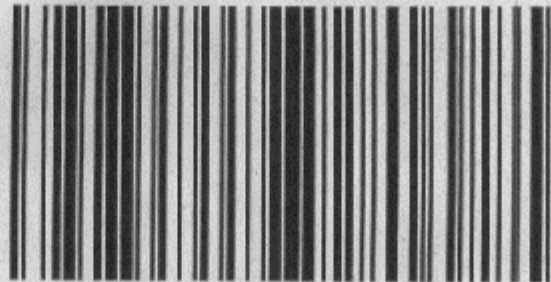


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD26095973

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required
Company Name LE CREUSET		Company Name <i>Le Creuset South Africa</i>						<input type="checkbox"/> Same Day
Street Address SHOP 105 GARDEN ROUTE MALL N2 HIGHWAY & KNYSNA RD		Street Address <i>Unit 5 Heron Park Olive Grove Park</i>						<input type="checkbox"/> Express
Suburb GEORGE		Suburb <i>Somerset West</i>						<input type="checkbox"/> With Sunrise Option
City / Town GEORGE (GRJ) Postal Code 6546		City / Town Cape Town Postal Code 8001						<input type="checkbox"/> With Saturday Service
Contact ELZANNE		Contact <i>Helena</i>						<input type="checkbox"/> Public Holiday Service
Phone 044 004 0112		Phone 021 851 7178						<input checked="" type="checkbox"/> Economy
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)	<input type="checkbox"/> After Hours
Sender's Reference		Analysis Code						<input type="checkbox"/> BLNS Customs Tariff
SPECIAL INSTRUCTIONS								
Bill Charges To Account No. 027766		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>						<input type="checkbox"/> 1. ONLINE
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		<input type="checkbox"/> 3. EFT
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	SENDER'S AUTHORISED SIGNATURE		DATE
1		1 Box				<i>[Signature]</i>		
Goods received in full without damage (unless endorsed)								Total Mass (Kg)
Name Of Receiver (PLEASE PRINT CLEARLY) <i>Masa</i>				Name Of Courier (PLEASE PRINT CLEARLY) <i>CURAO</i>				
Date Received: 14 02 18		Time Received: 09H30		Date Received: 13 02 18		Time Received: 16 45		
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>				

POD COPY

Version Control (06/2015)