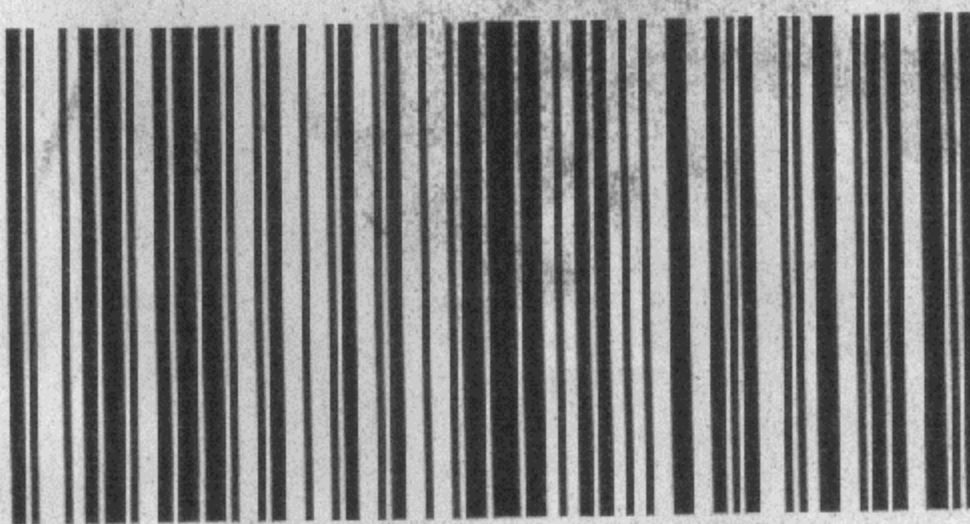


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD26095978

Sender's Details		Consignee's Details. Full Street Address Please				
Company Name LE CREUSET	Company Name Le Creuset					
Street Address SHOP 105 GARDEN ROUTE MALL N2 HIGHWAY & KNYSNA RD GEORGE	Street Address Shop 513 Tyger Valley Centre Bill Bezuidenhout Avenue Tyger Valley					
Suburb	Suburb					
City / Town GEORGE (GR) Postal Code 6546	City / Town Cape Town Postal Code 8001					
Contact ELZANNE	Contact WZEL Marie Vermeulen					
Phone 044 004 0112	Phone 021-914 7053					
Destination Country	South Africa <input checked="" type="checkbox"/>	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference				Analysis Code		
SPECIAL INSTRUCTIONS						
Bill Charges To Account No. 027766	Bill To Sender <input type="checkbox"/>	Consignee <input type="checkbox"/>	Other (Name Please) <input type="checkbox"/>	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			

Mark Service Required
Same Day
Express
With Sunrise Option
With Saturday Service
Public Holiday Service
Economy
After Hours
BLNS Customs Tariff
1. ONLINE <input type="checkbox"/>
3. EFT <input type="checkbox"/>
Total Mass (Kg)

POD COPY

Version Control (06/2016)

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1	1			

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

Date Received: **18 01 18** Time Received: **14 05**

Signature: *[Signature]*

Received By DSV
 Name Of Courier (PLEASE PRINT CLEARLY)
[Signature]

Date Received: **17 01 18** Time Received: **16 00**

Signature: *[Signature]*

