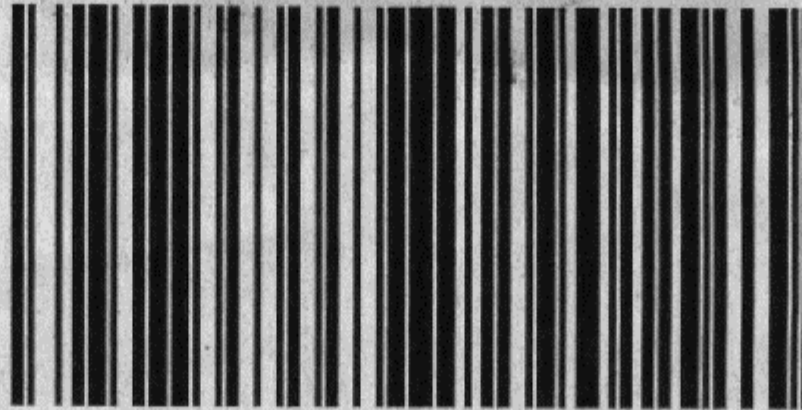


**CONTRACT FOR CARRIAGE / DISPATCH NOTE**



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



SUBBD26508501


**Sender's Details**

**Consignee's Details. Full Street Address Please**

Mark Service Required

Company Name LE CREUSET S.A  
Street Address SHOP 267 WOODLANDS BOULEVARD, CORNER OF STARSFONTEIN AND DE VILIE BOIS MORELETA PARK  
Suburb MORELETA PARK  
City / Town PRETORIA Postal Code 0002  
Contact MARISKA  
Phone 012 991 3777

Company Name LE CREUSET S.A. PVT. LTD  
Street Address SHOP 101 WATERFALL MALL AUGRABLE AVENUE WATERFALL PARK  
Suburb WATERFALL PARK  
City / Town RUSTENBURG Postal Code 0299  
Contact LERATO  
Phone 014 637 2279

- Same Day
- Express
- With Sunrise Option
- With Saturday Service
- Public Holiday Service
- Economy
- After Hours

Destination Country:  South Africa,  Botswana,  Lesotho,  Namibia,  Swaziland,  Other (Please Specify)

Sender's Reference UTII 130421 Analysis Code

**SPECIAL INSTRUCTIONS**

Bill Charges To Account No. 027766 Bill To  Sender  Consignee  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).

*[Signature]* 08/3/18  
SENDER'S AUTHORISED SIGNATURE DATE

- 1. ONLINE
- 3. EFT

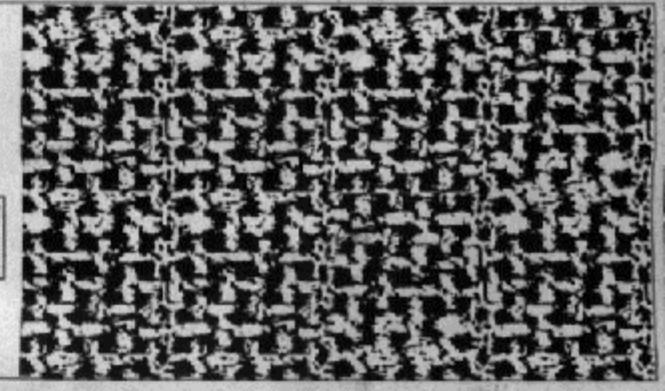
Total Mass (Kg)

e-mail / Fax / Proof of Delivery  e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<u>1</u>	<u>BOX</u>			

Goods received in full without damage (unless endorsed)  
Name Of Receiver (PLEASE PRINT CLEARLY) MAVIS  
Date Received: 090318 Time Received: 1530  
Signature: *[Signature]*

Received By DSV  
Name Of Courier (PLEASE PRINT CLEARLY) [Signature]  
Date Received: 080318 Time Received: 1600  
Signature: *[Signature]*



POD COPY

Version Control (05/2016)