

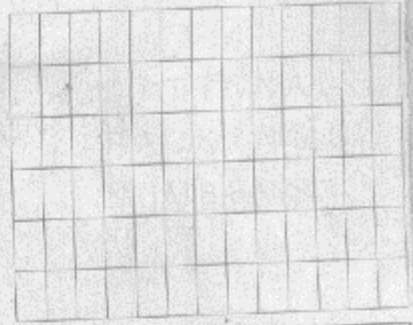
CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD26508674



Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required			
Company Name: LE CREUSET SA		Company Name: LE CREUSET SA				<input type="checkbox"/> Same Day			
Street Address: SHOP 21 LINDOLAND BULEBULAND CNE CARPO MEIM & DE VILLERBOIS		Street Address: SHOP 111 BEDFORD CENTER CNR SMITH AND VAN DER LINDE				<input type="checkbox"/> Express			
Suburb: MORELEIN PARK		Suburb: BEDFORD VIEW				<input type="checkbox"/> With Sunrise Option			
City/Town: PRETORIA Postal Code: 0002		City/Town: TLO Postal Code: 2008				<input type="checkbox"/> With Saturday Service			
Contact: NATASHA		Contact: NATASHA				<input type="checkbox"/> Public Holiday Service			
Phone: 012 991 3777		Phone: 011 615 1923				<input type="checkbox"/> Economy			
Destination Country: <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other		Analysis Code: [] [] [] [] [] [] [] [] [] []				<input type="checkbox"/> After Hours			
Sender's Reference: UT10131560						<input type="checkbox"/> BLNS Customs Tariff			
SPECIAL INSTRUCTIONS						<input type="checkbox"/> 1. ONLINE			
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"/> 3. EFT			
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 AUTHORIZED SIGNATURE: [Signature] DATE: 20/02/18				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)	
[]		[]		[]		[]		[]	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Natascha				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) [Signature]				[Barcode]	
Date Received: 21/02/18		Time Received: 12:30		Date Received: 20/02/18		Time Received: 16:00			
Signature: [Signature]				Signature: [Signature]					

POD COPY

Version Control (06/2016)