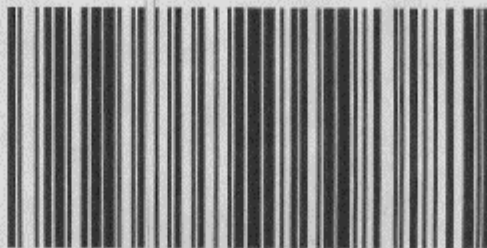


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/97
VAT Reg. No. 4280213873



SUBBD26508678

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name <i>Le Crouset S.A</i>	Company Name <i>Le Crouset S.A</i>	Street Address <i>Shop 267 Woodland Boulevard, Cnr Garsfontein & De Villebois</i>	Street Address <i>Shop C58 Gateway The City of Shopping, 1 Palm Bay Tower, New Town Centre</i>
Suburb <i>Moreleta park</i>	Suburb <i>Umhlanga Ridge</i>	City / Town <i>Pretoria</i> Postal Code <i>0002</i>	City / Town <i>Durban</i> Postal Code <i>4321</i>
Contact	Contact <i>Sasha</i>	Phone <i>012 997 3777</i>	Phone <i>031 100 1239</i>

Mark Service Required
<input type="checkbox"/> Same Day
<input type="checkbox"/> Express
<input type="checkbox"/> With Sunrise Option
<input type="checkbox"/> With Saturday Service
<input type="checkbox"/> Public Holiday Service
<input checked="" type="checkbox"/> Economy
<input type="checkbox"/> After Hours
<input type="checkbox"/> BLNS Customs Tariff

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 (Please Specify)
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Sender's Reference	Analysis Code
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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 12.6, 12.6 AND 12.7 OVERLEAF).

Caroline 10-02-18
SENDER'S AUTHORISED SIGNATURE DATE

<input type="checkbox"/> 1. ONLINE
<input type="checkbox"/> 3. EFT

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

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

Total Mass (Kg)

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

Date Received: *140218* Time Received: *1329*

Signature: *[Signature]*

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

Date Received: *140218* Time Received: *1620*

Signature: *[Signature]*

