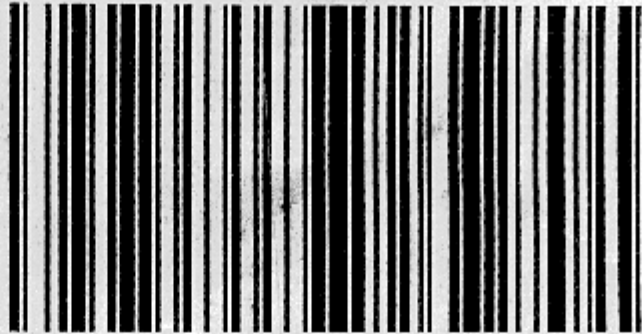


**CONTRACT FOR CARRIAGE / DISPATCH NOTE**



DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT. No. 4880189685



SUBBD26769010

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Sender's Details.		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <u>Le Creuset</u>		Company Name <u>LE CREUSET - WALMER</u>						<input type="checkbox"/> Same Day	
Street Address <u>90 William Cambell drive, sho</u>		Street Address <u>103 WALMER PARK SHOPPING</u>						<input type="checkbox"/> Express	
<u>La Lucia</u>		<u>CENTRE. BETWEEN 14TH &amp; 16TH</u>						<input type="checkbox"/> With Sunrise Option	
<u>Umhlanga</u>		<u>AVENUE, MAIN ROAD</u>						<input type="checkbox"/> With Saturday Service	
Suburb		Suburb <u>WALMER</u>						<input type="checkbox"/> Public Holiday Service	
City/Town <u>DUR</u> Postal Code <u>4000</u>		City/Town <u>PORT ELIZABETH</u> Postal Code <u>6070</u>						<input checked="" type="checkbox"/> Economy	
Contact <u>Bill McIntosh/Marion</u>		Contact <u>RENEE</u>						<input type="checkbox"/> After Hours	
Phone <u>0315725045</u>		Phone <u>041-3672318</u>						<input type="checkbox"/> BLNS Customs Tariff	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference <u>HT 15062391</u>		Analysis Code							
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No.		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <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 14.14 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 14.5 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 14.5, 14.6 AND 14.7 OVERLEAF).									
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number							
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT(CM)</b>	
<u>1</u>		<u>Box</u>							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>TIFFANY</u>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>Coral d</u>				
Date Received: <u>171018</u>					Time Received: <u>1255</u>				
Signature: <u>[Signature]</u>					Date Received: <u>151018</u>				
					Time Received: <u>1400</u>				
Signature: <u>[Signature]</u>					Signature: <u>[Signature]</u>				

POD COPY

Version Control (08/2017)