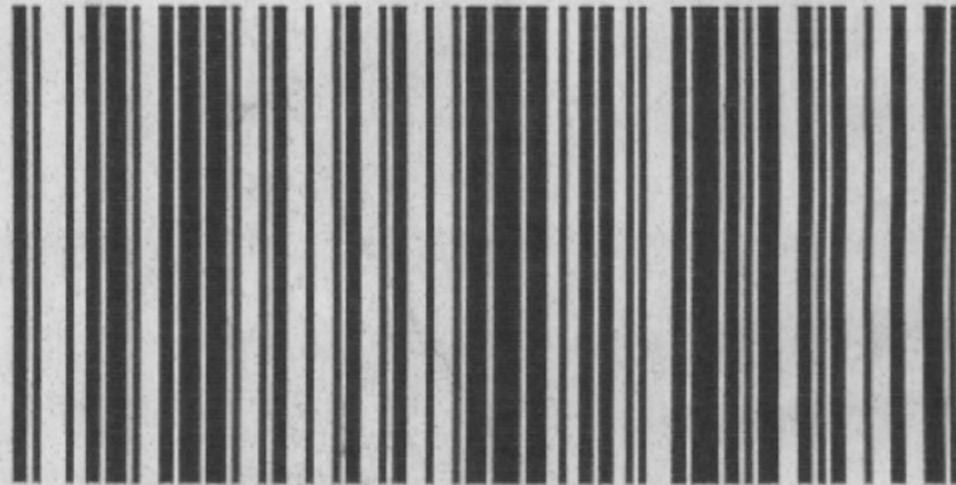


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD26769046

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POD COPY

| Sender's Details | | Consignee's Details. Full Street Address Please | |
|------------------|-------------------------------|---|--|
| Company Name | Le Creuset | Company Name | LE CREUSET CPT |
| Street Address | 90 William Cambell drive, sho | Street Address | UNIT 01 HERON PARK OLIVE GROVE IND ESTATE |
| Suburb | La Lucia | Suburb | OLD PAARDEUIEJ ROAD |
| City / Town | DUR | City / Town | SOMERSET WEST |
| Postal Code | 4000 | Postal Code | 8000 |
| Contact | Bill McIntosh/Marion | Contact | JENNA |
| Phone | 0315725045 | Phone | 021 8517170 |

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

| | | | | | | |
|---------------------|--------------|---------------|---------|---------|-----------|------------------------|
| Destination Country | South Africa | Botswana | Lesotho | Namibia | Swaziland | Other (Please Specify) |
| Sender's Reference | UTI X | Analysis Code | | | | |

SPECIAL INSTRUCTIONS

Bill Charges To Account No. Bill To Sender Consignee Other (Name Please)

027766

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).

14/09/2018

SENDER'S AUTHORISED SIGNATURE **DATE**

1. ONLINE

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) |
|---------------|-------------------------------|-------------|------------|-------------|
| 1 | BOX | | | |

Total Mass (Kg)

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

BASIL

Date Received: 170918

Time Received: 1020

Signature: *[Signature]*

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)

[Signature]

Date Received: 140918

Time Received: 1400

Signature: *[Signature]*

