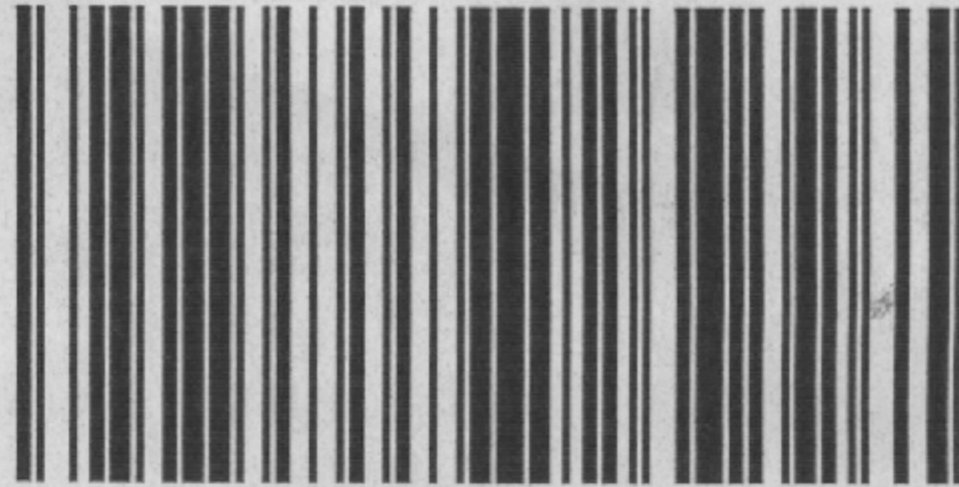


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD26769050

2	2	2	E	E	E	2	2	2

Sender's Details

Consignee's Details. Full Street Address Please

Company Name **Le Creuset**
Street Address **90 William Cambell drive, sho**
La Lucia
Umhlanga
Suburb
City / Town **DUR** Postal Code **4000**
Contact **Bill McIntosh/Marion**
Phone **0315725045**

Company Name **LE CREUSET CAPE TOWN**
Street Address **UNIT 5, HERON PARK**
OLIVE GROVE IND ESTATE
OLD PAARVLEI ROAD
Suburb **SOMERSET WEST**
City / Town **CAPE TOWN** Postal Code **7129**
Contact **FRANCI**
Phone **021-851 7178**

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 **UTI4584542** Analysis Code

SPECIAL INSTRUCTIONS FOR GARDENS STORE - TO BE SENT WITH NEXT ORDER.

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 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).

B
SENDER'S AUTHORISED SIGNATURE **10/09/18**
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)

01 **1 BOX**

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

BASEL

Date Received: **12 09 18** Time Received: **10 40**

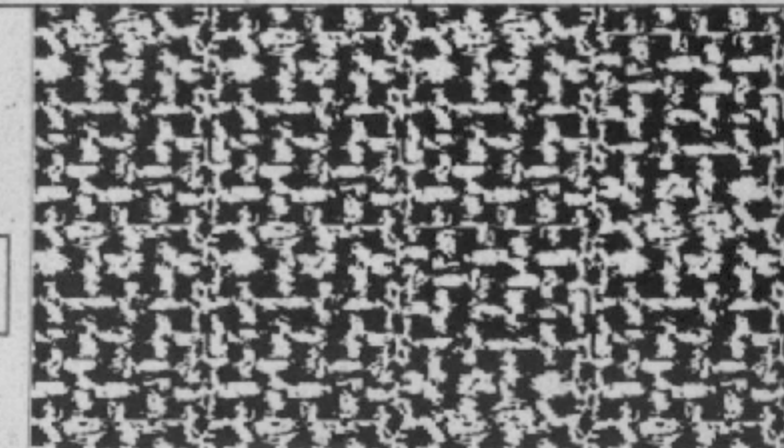
Signature:

Received By DSV
Name Of Courier (PLEASE PRINT CLEARLY)

Co Faid

Date Received: **10 09 18** Time Received: **12 00**

Signature:



POD COPY

Version Control (08/2017)