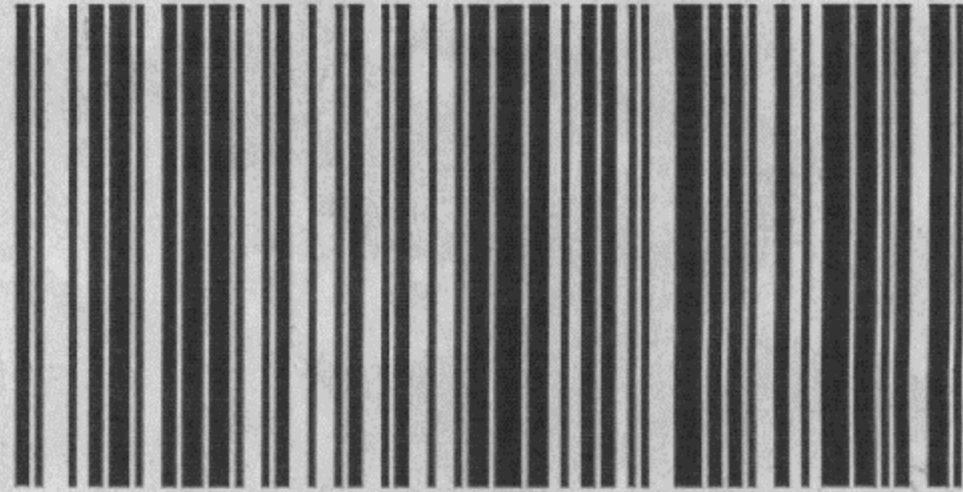


**CONTRACT FOR CARRIAGE / DISPATCH NOTE**



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



SUBBD26769108

2	2	2	E	E	E	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 BALLITO  
Street Address SHOP 244, LEONORA DRIVE  
BALLITO  
DOLPHIN COAST  
Suburb  
City / Town BALLITO Postal Code 4399  
Contact SONITHA  
Phone 082 004 0138

**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						
Analysis Code						

**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 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).

*[Signature]*  
**SENDER'S AUTHORISED SIGNATURE**  
 DATE 28/12/2017

- 1. ONLINE
- 3. EFT

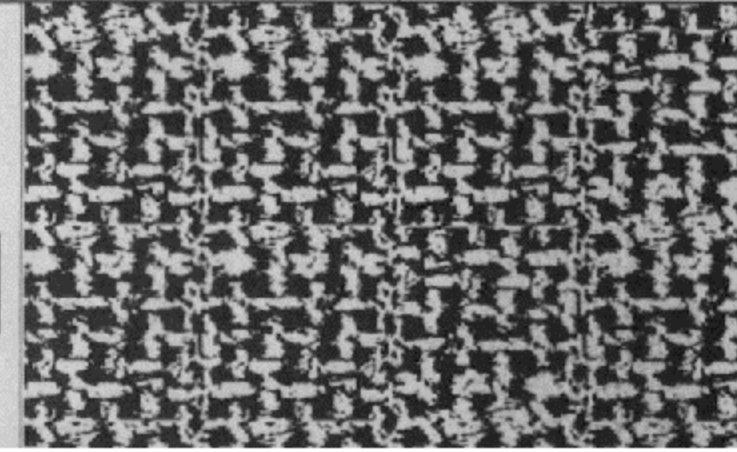
**Total Mass (K)**

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

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

**Goods received in full without damage (unless endorsed)**  
 Name Of Receiver (PLEASE PRINT CLEARLY)  
N O B U H L E  
 Date Received: 29 12 17  
 Time Received: 1250  
 Signature: *[Signature]*

**Received By DSV**  
 Name Of Courier (PLEASE PRINT CLEARLY)  
GETALDO  
 Date Received: 28 12 17  
 Time Received: 1205  
 Signature: *[Signature]*



POD COPY