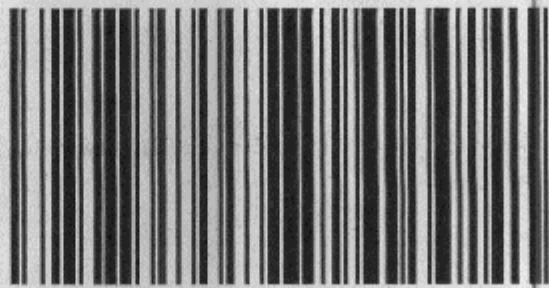


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



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



SUBBD26815483

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| Sender's Details | | Consignee's Details. Full Street Address Please | | | | | Mark Service Required |
|---|--|---|--|--|-----------------------------|----------------------------|---|
| Company Name Le Creuset | | Company Name Le Creuset CPT | | | | | <input type="checkbox"/> Same Day |
| Street Address 90 William Cambell drive, sho La Lucia Umlanga | | Street Address Unit 4, Heion Park Olive Grove Inn estate old Paardevlei Road Somerset west | | | | | <input type="checkbox"/> Express |
| Suburb | | Suburb | | | | | <input type="checkbox"/> With Sunrise Option |
| City / Town DUR Postal Code 4000 | | City / Town Cape Town Postal Code 7130 | | | | | <input type="checkbox"/> With Saturday Service |
| Contact Bill McIntosh/Marion | | Contact ATT: Jenna | | | | | <input type="checkbox"/> Public Holiday Service |
| Phone 031-5725045 | | Phone 021-8517178 | | | | | <input checked="" type="checkbox"/> Economy |
| Destination Country | | Destination Country | | | | | <input type="checkbox"/> After Hours |
| South Africa | | Botswana Lesotho Namibia Swaziland Other (Please Specify) | | | | | <input type="checkbox"/> BLNS Customs Tariff |
| Sender's Reference UT2 1681628 | | Analysis Code | | | | | <input type="checkbox"/> 1. ONLINE |
| SPECIAL INSTRUCTIONS | | | | | | | |
| Bill Charges To Account No. 027766 | | Bill To Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> | | | | | <input type="checkbox"/> 3. EFT |
| 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 / Prpof of Delivery <input type="checkbox"/> | | | | | e-mail Address / Fax Number | | |
| Total Parcels | | NO. OF PARCELS PER DIMENSIONS | | LENGTH (CM) | | WIDTH (CM) | |
| 1 | | 1 | | BOY | | | |
| HEIGHT (CM) | | Total Mass (Kg) | | | | | |
| | | | | | | | |
| Goods received in full without damage (unless endorsed) | | | | Received By DSV | | | |
| Name Of Receiver (PLEASE PRINT CLEARLY) SAVINO | | | | Name Of Courier (PLEASE PRINT CLEARLY) Gerald | | | |
| Date Received: 040418 | | Time Received: 0910 | | Date Received: 290318 | | Time Received: 1430 | |
| Signature: | | | | Signature: | | | |

POD COPY

Mission Control (6/5/2017)

