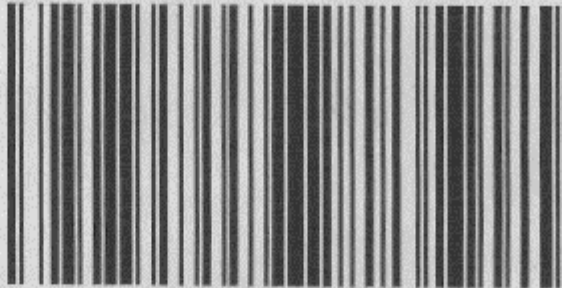


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27087890

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: LE CREUSET TABLE BAY		Company Name: Le Creuset HR - USA						<input type="checkbox"/> Same Day	
Street Address: SHOP 6086 TABLE BAY MALL CNR R27 & BERKSHIRE BLVD		Street Address: Unit 5, Heron Park, Olive Grove Business Park						<input type="checkbox"/> Express	
Suburb: BLOBERG		Suburb: Somerset West						<input type="checkbox"/> With Sunrise Option	
City / Town: CAPE TOWN Postal Code: 7436		City / Town: Cape Town		Postal Code: 8000		<input type="checkbox"/> With Saturday Service		<input type="checkbox"/> Public Holiday Service	
Contact: ALHADIA		Contact: Lisa						<input checked="" type="checkbox"/> Economy	
Phone:		Phone: 021 8517178						<input type="checkbox"/> After Hours	
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)	<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference		Analysis Code							
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. 027766		Bill To <input type="checkbox"/> Sender		<input type="checkbox"/> Consignee		<input type="checkbox"/> Other (Name Please)		<input type="checkbox"/> 1. ONLINE	
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			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
1		Document							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)				
LISA					MMS				
Date Received:		Time Received:			Date Received:		Time Received:		
110618		1000			080618		1315		
Signature: <i>blusec</i>					Signature: <i>[Signature]</i>				

Total Mass (Kg)

POD COPY

Version Control (09/2017)