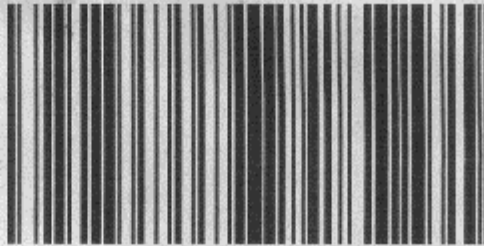


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 53, The Reeds 0061
Tel (012) 673 2000
Reg. No. 20/00/016342/07
VAT No. 4880189585



SUBBD27156691

Sender's Details Company Name LE CREUSET HOBART GROVE SBOP G1 Street Address CNR HOBART GROSVENOR ROADS Suburb BRYANSTON City / Town JNB SEVARIAN Postal Code 2021 Contact PA TRICIA Phone 011 568 4708		Consignee's Details. Full Street Address Please Company Name LE CREUSET HYDE PARK Street Address SHOP 71 UPPER MALL HYDE PARK CORNER C/O JAN SMUTS' 6TH AVENUE HYDE PARK Suburb HYDE PARK City / Town JOHANNESBURG Postal Code 2196 Contact PA TRICIA Phone 011 325 5606		Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours
Destination Country: <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)		BLNS Customs Tariff		
Sender's Reference UTI 21639107 Analysis Code		1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>		
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027765 Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)		SENDER'S AUTHORISED SIGNATURE <i>Site</i> DATE 23/4/2018		
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).				
Total Parcels 1 NO. OF PARCELS PER DIMENSIONS		LENGTH (CM) WIDTH (CM) HEIGHT (CM)		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) LEFICWE		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) S. P. 19.5		
Date Received: 24 04 18 Time Received: 02 50		Date Received: 23 04 18 Time Received: 15 45		
Signature: <i>Shup</i>		Signature: <i>[Signature]</i>		

POD COPY

Amson Central (042017)