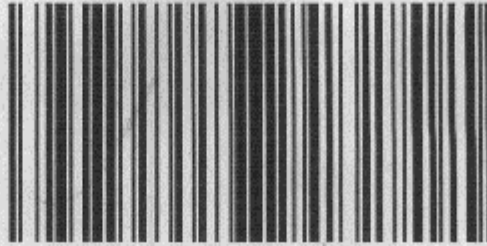


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27156711

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 HOBART GROVE SHOP G1		Company Name: Le Creuset Centurion						<input type="checkbox"/> Same Day			
Street Address: CNR HOBART GROSVENOR ROADS		Street Address: Shop 312 E Centurion Mall						<input type="checkbox"/> Express			
Suburb: BRYANSTON		Suburb: Pretoria						<input type="checkbox"/> With Sunrise Option			
City / Town: JNB SEVARIAN Postal Code: 2021		City / Town: ----- Postal Code: 0154						<input type="checkbox"/> With Saturday Service			
Contact: -----		Contact: -----						<input type="checkbox"/> Public Holiday Service			
Phone: 011 568 4708		Phone: 021 004 0217						<input type="checkbox"/> Economy			
Destination Country: South Africa		Lesotho		Namibia		Swaziland		<input type="checkbox"/> After Hours			
Sender's Reference: 47111732531		Analysis Code: -----						<input type="checkbox"/> BLNS Customs Tariff			
SPECIAL INSTRUCTIONS								<input type="checkbox"/> 1. ONLINE			
Bill Charges To Account No. 027766		Bill To Sender <input checked="" type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		<input type="checkbox"/> 3. EFT			
<p><small>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).</small></p>								<p>Sender's Authorised Signature: <i>Garde</i> DATE: <i>04/04/18</i></p>			
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)			
[]		[]		[]		[]		[]			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): Kotetsu 0932				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <i>[Signature]</i>				[Security Pattern]			
Date Received: 050418				Date Received: 040418							
Time Received: 11:13				Time Received: 11:13							
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>							

POD COPY

Version Control (05/2017)