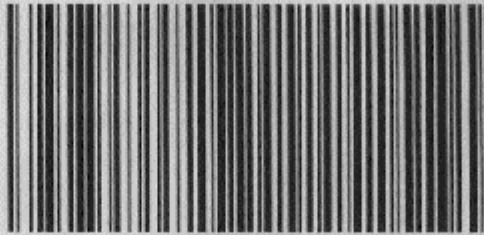


CONTRACT FOR CARRIAGE / DISPATCH NOTE



2 2 2 E E E 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. 4880189605

SUBBD27363320

*Spice Tagnie*


Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <b>LE CREUSET HOBART GROVE</b>		Company Name <b>Le Creuset Hyde Park.</b>						<input type="checkbox"/> Same Day	
Street Address <b>SHOP G1 CNR HOBART &amp; GROSVENOR ROADS</b>		Street Address <b>Shop 71 Upper mall Hyde Park Jon Smuts Avenue</b>						<input type="checkbox"/> Express	
Suburb <b>BRYANSTON</b>		Suburb <b>Jon Smuts Avenue</b>						<input type="checkbox"/> With Sunrise Optio	
City / Town <b>JNB</b>	Postal Code <b>2021</b>	City / Town <b>JHB</b>	Postal Code <b>2196</b>	<input type="checkbox"/> With Saturday Serv		<input type="checkbox"/> Public Holiday Servi			
Contact <b>SEVARIAN</b>	Phone <b>011 568 4708</b>	Contact <b>Patricia</b>	Phone <b>011 325 5606</b>	<input 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)	<input type="checkbox"/> BLNS Customs Tariff		

Sender's Reference **UTI 9812 789** 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).

*Procede 11/01/18*

SENDER'S AUTHORISED SIGNATURE DATE

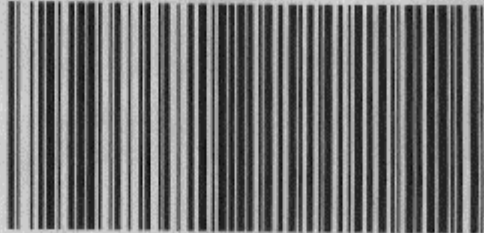
e-mail / Fax / Proof of Delivery  e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)

<p>Goods received in full without damage (unless endorsed)</p> <p>Name Of Receiver (PLEASE PRINT CLEARLY)</p> <p><b>NONI</b></p> <p>Date Received: <b>120118</b></p> <p>Time Received: <b>1100</b></p> <p>Signature: <i>[Signature]</i></p>	<p>Received By DSV</p> <p>Name Of Courier (PLEASE PRINT CLEARLY)</p> <p><b>Collin</b></p> <p>Date Received: <b>120118</b></p> <p>Time Received: <b>1500</b></p> <p>Signature: <i>[Signature]</i></p>	
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POD COPY

ACT 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 (01 2) 673-2000  
Reg. No. 2000/016342/07  
VAT. No. 4880189565

SUBBD27363320

*Spice Tagine*

**Sender's Details**

**Consignee's Details. Full Street Address Please**

Company Name **LE CREUSET HOBART GROVE**  
Street Address **SHOP G1  
CNY HOBART & GROSVENOR ROADS**  
Suburb **BRYANSTON**  
City / Town **JNB** Postal Code **2021**  
Contact **SEVARIAN**  
Phone **011 568 4708**

Company Name **Le Creuset Hyde Park.**  
Street Address **Shop 71  
Upper mall  
Hyde Park**  
Suburb **Jon Smuts Avenue**  
City / Town **JHB** Postal Code **2196**  
Contact **Patricia**  
Phone **011 325 5606**

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 **UTI 9812 789** Analysis Code

**SPECIAL INSTRUCTIONS**

Bill Charges To Account No. **027766**  
Bill To  Consignee  Other (Name Please)   
If Consignee Or Other (Third Party) is Billed, Sender Remains Liable For Unpaid Charges.

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*Procede sou 11/01/18*  
SENDER'S AUTHORISED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

1. ONLINE   
3. EFT

Total Mass (Kg)

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

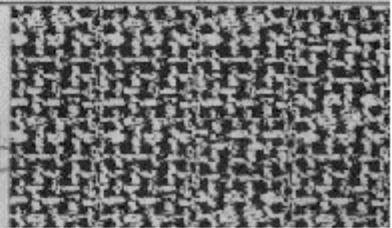
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT(CM)
<input type="checkbox"/>				

Goods received in full without damage (unless endorsed)  
Name Of Receiver (PLEASE PRINT CLEARLY)  
**NONI**  
Date Received: **120118** Time Received: **1100**

Received By DSV  
Name Of Courier (PLEASE PRINT CLEARLY)  
**Colin**  
Date Received: **120118** Time Received: **1500**

Signature: *[Signature]*

Signature: *[Signature]*



POD COPY