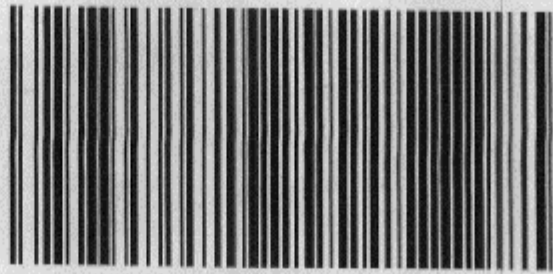


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27443477

2 2 2 E E E 2 2 2


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSET NICOLWAY</b>		Company Name <b>Le Creuset</b>				<input type="checkbox"/> Same Day	
Street Address <b>WILLIAM NICOL DRIVE</b>		Street Address <b>Unit 5 Heron Park old Parde Ute Road Industrial Estate</b>				<input type="checkbox"/> Express	
Suburb <b>RYANSTON</b>		Suburb <b>Olive Grove Somerset West</b>				<input type="checkbox"/> With Sunrise Option	
City/Town <b>JNB</b>	Postal Code <b>2196</b>	City/Town <b>Cape Town</b>	Postal Code <b>8001</b>	<input type="checkbox"/> With Saturday Service		<input type="checkbox"/> Public Holiday Service	
Contact <b>ZANELE NGWENYA</b>		Contact <b>Helen a</b>				<input checked="" type="checkbox"/> Economy	
Phone <b>011 706 2198</b>		Phone <b>021 851 7178</b>				<input type="checkbox"/> After Hours	
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		BLNS Customs Tariff	
Lesotho		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference <b>UTIOS41248</b>		Analysis Code				<input type="checkbox"/> 1. ONLINE	
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <b>027756</b>		Bill To Sender <input checked="" type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>	
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 14.6, 14.6 AND 14.7 OVERLEAF).							
				<b>SENDER'S AUTHORISED SIGNATURE</b>		<b>DATE</b>	
				<i>[Signature]</i>		07/02/2018	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number					
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>	
<b>HEIGHT (CM)</b>							
<b>1</b>							
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<i>Masual</i>				<i>Colin</i>			
Date Received:		Time Received:		Date Received:		Time Received:	
14 03 18		09:30		12 02 18		15:00	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			
Total Mass (Kg)							

POD COPY

Version Control: 08/2017