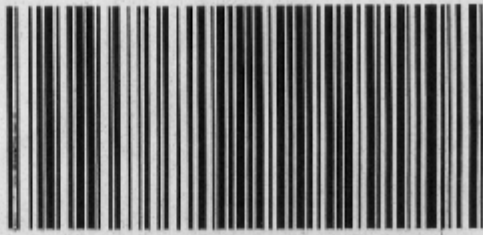


**CONTRACT FOR CARRIAGE / DISPATCH NOTE**

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



SUBBD27574588

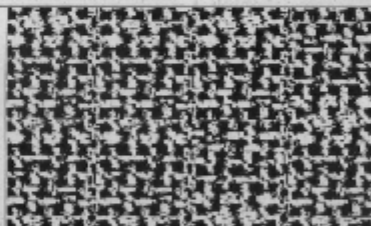
2 2 2 E E E 2 2 2


<b>Sender's Details</b> Company Name: <u>LE CREUSET <del>SA</del></u> Street Address: <u>UNIT 4, CNR MARLBORO &amp; SOUTH ROAD, EASTGATE BUSINESS PARK SANDTON</u> City/Town: <u>JHB</u> Postal Code: <u> </u> Contact: <u>DUANIS</u> Phone: <u>0735052470</u>		<b>Consignee's Details. Full Street Address Please</b> Company Name: <u>LE CREUSET GATEWAY</u> Street Address: <u>SHOP G158 GATEWAY THEATRE OF SHOPPING, 1 PALM BOULEVARD, NEW TOWN CENTRE, UMHLANGA RIDGE GATEWAY</u> City/Town: <u>DURBAN</u> Postal Code: <u>4321</u> Contact: <u>SASHA CHUNDER</u> Phone: <u>0311001239</u>		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 BLNS Customs Tariff
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)		Analysis Code: <u> </u>		
SPECIAL INSTRUCTIONS: <u>PLEASE HANDLE WITH CARE</u>				
Bill Charges To Account No. <u> </u>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <u> </u>		
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).				
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number <u> </u>		
Total Parcels: <u>1</u>	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM): <u>32</u>	WIDTH (CM): <u>28</u>	
			HEIGHT (CM): <u>22</u>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>CASSANDRA</u> Date Received: <u>29/08/18</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u>ELIAS</u> Date Received: <u>28/08/18</u>		
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>		

1. ONLINE

3. EFT

Total Mass (Kg) 2Kg



POD COPY

Version Control (08/2017)