

CONTRACT 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 (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



SUBBD27592419

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

POD COPY

| Sender's Details | | Consignee's Details. Full Street Address Please | | | |
|---------------------|----------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------|-------------|------|
| Company Name | LE CREUSET | Company Name | LE CREUSET | | |
| Street Address | SHOP G158, GATEWAY SHOPPING CENTRE, PALM BOULEVARD | Street Address | UNIT 5, HERON PARK OLIVE GROVE INDUSTRIAL ESTATE OLD PAARDEVLEI ROAD | | |
| Suburb | UMHLANGA | Suburb | SOMERSET WEST | | |
| City / Town | DURBAN | City / Town | CAPE TOWN | Postal Code | 7129 |
| Contact | SASHA | Contact | ACCOUNTS DEPARTMENT - VICKY | | |
| Phone | 031 100 1239 | Phone | 021 851 7178 | | |
| Destination Country | South Africa | Other | (Please Specify) | | |
| Sender's Reference | UTI251641 | Analysis Code | | | |

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

1. ONLINE

3. EFT

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).

SENDER'S AUTHORIZED SIGNATURE: *[Signature]* DATE: 18/05/18

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

| Total Parcels | NO. OF PARCELS PER DIMENSIONS | LENGTH (CM) | WIDTH (CM) | HEIGHT (CM) |
|---------------|-------------------------------|-------------|------------|-------------|
| 1 | X1 | FLYER | | |

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

J BENA DE

Date Received: 21 05 18

Time Received: 10 20

Signature: *[Signature]*

Received By DSV

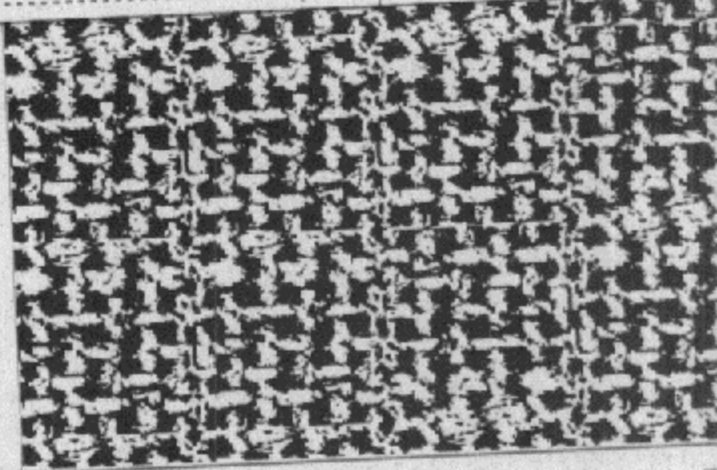
Name Of Courier (PLEASE PRINT CLEARLY)

Siceito

Date Received: 18 05 18

Time Received: 14 30

Signature: *[Signature]*



Total Mass (Kg)