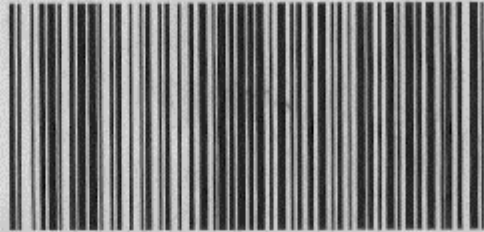


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 53, The Reeds 0061
Tel (012) 673 2000
Reg. No. 2000/016342/07
VAT No. 4880189685



SUBBD27592440

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please			
Company Name <u>LE CREUSET</u>		Company Name <u>LE CREUSET LA LUCIA</u>			
Street Address <u>SHOP G158, GATEWAY</u>		Street Address <u>90 WILLIAM CAMPBELL DRIVE</u>			
<u>THEMRE OF SHOPPING, 1 PALM</u>		<u>LA LUCIA SHOPPING MALL</u>			
<u>BOULEVARD, UMHLANGA RIDGE</u>					
Suburb <u>UMHLANGA</u>		Suburb <u>DURBAN NORTH</u>			
City/Town <u>DURBAN</u>	Postal Code <u>4000</u>	City/Town <u>DURBAN</u>	Postal Code <u>4000</u>		
Contact <u>SASHA</u>		Contact <u>ATISHA</u>			
Phone <u>031 100 1239</u>		Phone <u>031 572 5045</u>			
Destination Country	<input checked="" type="checkbox"/> South Africa	<input type="checkbox"/> Botswana	<input type="checkbox"/> Lesotho	<input type="checkbox"/> Namibia	<input type="checkbox"/> Swaziland
				Other (Please Specify)	
Sender's Reference <u>UT12311920</u>		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).

[Signature] 04-05-18
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)
<u>1</u>	<u>BOX</u>			

Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>P113ab0th.</u>	Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>P113ab0th.</u>
Date Received: <u>070518</u>	Time Received: <u>1237</u>
Signature:	Signature: <i>[Signature]</i>

Total Mass (K)

POD COPY

Version: L00000 (04/2017)