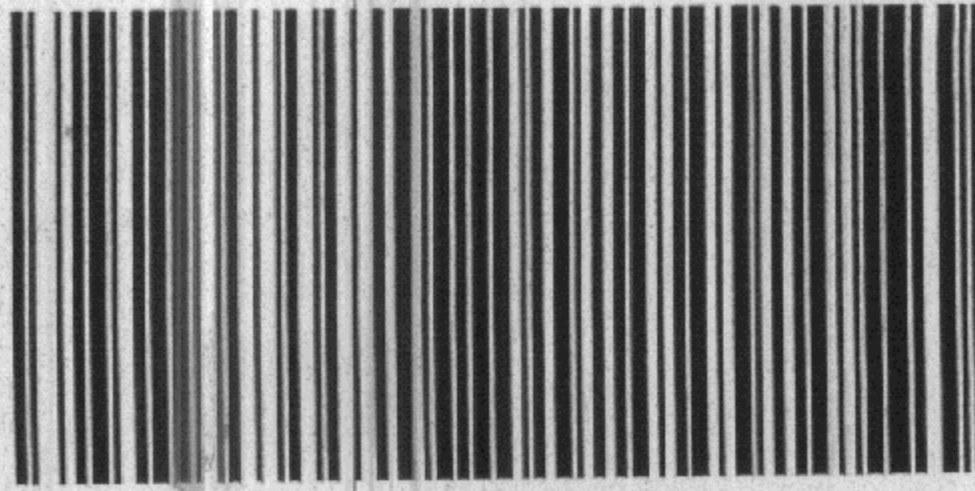


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27985585

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required		
Company Name	le creuset	Company Name	le creuset						<input type="checkbox"/> Same Day	
Street Address	Sandton Shop 2330 Shopping Centre	Street Address	Unit 5 Heron Park Olive Grove Park						<input type="checkbox"/> Express	
Suburb	Sandton	Suburb	Bomerset West						<input type="checkbox"/> With Sunrise Option	
City / Town	JHB	City / Town	Cape Town						<input type="checkbox"/> With Saturday Service	
Contact	Karabo	Contact	Franci						<input type="checkbox"/> Public Holiday Service	
Phone	(011) 784-0301	Phone	021 851 7178						<input checked="" type="checkbox"/> Economy	
Destination Country	South Africa	Other	(Please Specify)						<input type="checkbox"/> After Hours	
Sender's Reference		Analysis Code							BLNS Customs Tariff	
SPECIAL INSTRUCTIONS										
Bill Charges To Account No.	027766	Bill To	<input type="checkbox"/> Sender	<input type="checkbox"/> Consignee	<input type="checkbox"/> Other (Name Please)					
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).										
e-mail / Fax / Proof of Delivery <input type="checkbox"/>						e-mail Address / Fax Number				
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)					
1										
Goods received in full without damage (unless endorsed)					Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)					
XAVIER					Franci					
Date Received:					Date Received:					
260218					30218 1610					
Time Received:					Time Received:					
0930					1610					
Signature:					Signature:					

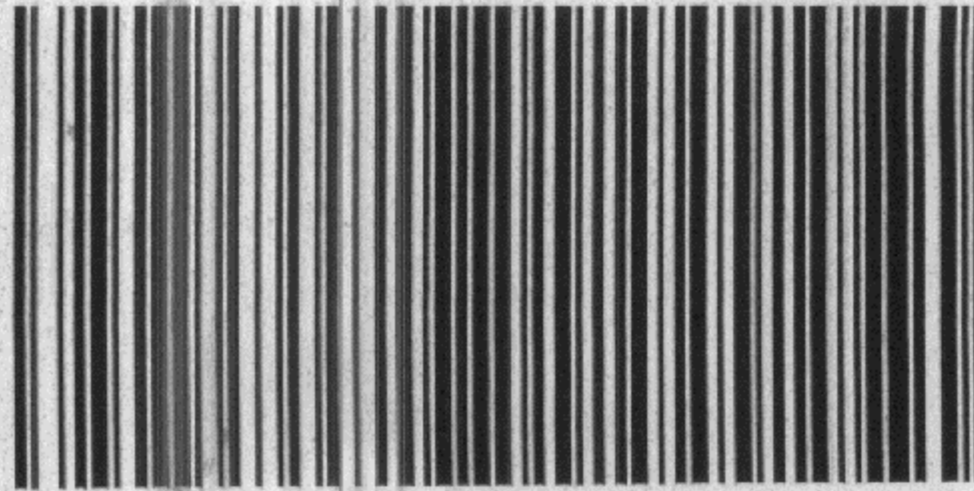
POD COPY

Version Control (08/2017)

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
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SUBBD27985585

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required											
Company Name	le creuset	Company Name	le creuset			<input type="checkbox"/> Same Day											
Street Address	Sandton Shop 2334 Shopping Centre	Street Address	Unit 5 Heron Park Olive Grove Park			<input type="checkbox"/> Express											
Suburb	Sandton	Suburb	Somerset West			<input type="checkbox"/> With Sunrise Option											
City / Town	JHB	City / Town	Cape Town			<input type="checkbox"/> With Saturday Service											
Contact	Karabo	Contact	Franci			<input type="checkbox"/> Public Holiday Service											
Phone	011 784 0301	Phone	021 851 7178			<input checked="" type="checkbox"/> Economy											
Destination Country	South Africa	Other	(Please Specify)			<input type="checkbox"/> After Hours											
Sender's Reference		Analysis Code				BLNS Customs Tariff											
SPECIAL INSTRUCTIONS																	
Bill Charges To Account No.	027766	Bill To Sender	<input type="checkbox"/>	Consignee	<input type="checkbox"/>	Other (Name Please)	<input type="checkbox"/>										
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e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number						1. ONLINE <input type="checkbox"/>											
<table border="1"> <thead> <tr> <th>Total Parcels</th> <th>NO. OF PARCELS PER DIMENSIONS</th> <th>LENGTH (CM)</th> <th>WIDTH (CM)</th> <th>HEIGHT (CM)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	1					3. EFT <input type="checkbox"/>	
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)													
1																	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) XAVIER						Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Frank											
Date Received: 260218						Date Received: 230218											
Time Received: 0930						Time Received: 1610											
Signature:						Signature:											

POD COPY

Version Control (08/2017)