

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



SUBBD28131478

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| Sender's Details | | Consignee's Details. Full Street Address Please | | | | | | |
|---------------------|--|---|--|----------------------------------|------------------------------------|---|--|--|
| Company Name | LE CREUSET | Company Name | LE CREUSET | | | | | |
| Street Address | SHOP 312 E CENTURION MALL HEUWEL AVENUE CENTURION | Street Address | UNIT 1; HERON PARK OLIVE GROVE INDUSTRIAL ESTATE OLD PAARDEVELEI ROAD SOMERSET WEST | | | | | |
| Suburb | CENTURION | Suburb | SOMERSET WEST | | | | | |
| City / Town | PRETORIA | City / Town | CAPE TOWN | | | | | |
| Postal Code | 0157 | Postal Code | 8001 | | | | | |
| Contact | EUREKA | Contact | CARMEN | | | | | |
| Phone | 012 004 0217 | Phone | 021 851 7178 | | | | | |
| 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) | | |

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|------------------------|
| Mark Service Required |
| Same Day |
| Express |
| With Sunrise Option |
| With Saturday Service |
| Public Holiday Service |
| Economy |
| After Hours |
| BLNS Customs Tariff |

Sender's Reference: UT1 253 2921 Analysis Code: [] [] [] [] [] [] [] [] [] []

SPECIAL INSTRUCTIONS

Bill Charges To Account No. 0 2 7 7 6 6

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 14.6, 14.8 AND 14.7 OVERLEAF).

SENYH 21/05/2018

SENDER'S AUTHORIZED SIGNATURE DATE

1. ONLINE

3. EFT

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 | Box | | | |

Total Mass (Kg)

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY): BASIL

Date Received: 23 05 18

Time Received: 09 29

Signature: [Signature]

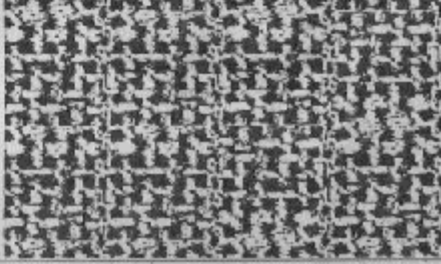
Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY): JAKES

Date Received: 21 05 18

Time Received: 13 15

Signature: [Signature]



POD COPY Version Control (05/2017)