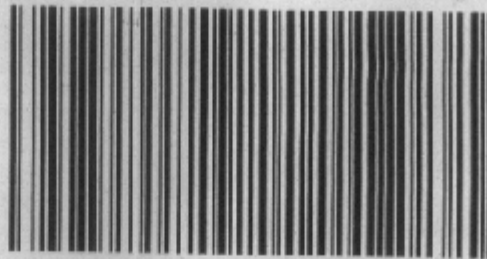


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd  
 Via DSV Distribution  
 PO Box 63, The Reeds 0061  
 Tel (012) 673-2000  
 Reg. No. 2000/016342/07  
 VAT. No. 4890189685



SUBBD28212379

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<b>Sender's Details</b> Company Name: <b>LE CREUSET BRYANSTON</b> Street Address: <b>SHOP G1 CNR HOBART &amp; GROSVENOR ROADS</b> Suburb: <b>BRYANSTON</b> City / Town: <b>JNB</b> Postal Code: <b>2021</b> Contact: <b>SEVARIAN</b> Phone: <b>011 568 4708</b>		<b>Consignee's Details. Full Street Address Please</b> Company Name: <b>Le Creuset Killarney</b> Street Address: <b>Shop 100, Killarney mall Rivera Road</b> Suburb: <b>Killarney</b> City / Town: <b>Johannesburg</b> Postal Code: <b>2193</b> Contact: <b>Fundi</b> Phone: <b>011 646 6316</b>		<b>Mark Service Required</b> <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 <input type="checkbox"/> 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)		Sender's Reference: <b>Window Decak</b> Analysis Code:		
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No: <b>027766</b> Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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).				
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE: <b>[Signature]</b> DATE: <b>02/08/14</b>		
<b>Total Parcels</b>		<b>Total Mass (Kg)</b>		
NO. OF PARCELS PER DIMENSIONS		LENGTH (CM) WIDTH (CM) HEIGHT (CM)		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <b>Fundi</b>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <b>Mpho</b>		
Date Received: <b>030814</b> Time Received: <b>1601</b>		Date Received: <b>020814</b> Time Received: <b>1427</b>		
Signature: <b>[Signature]</b>		Signature: <b>[Signature]</b>		

POD COPY

Version: 2.0 (01/11/13)