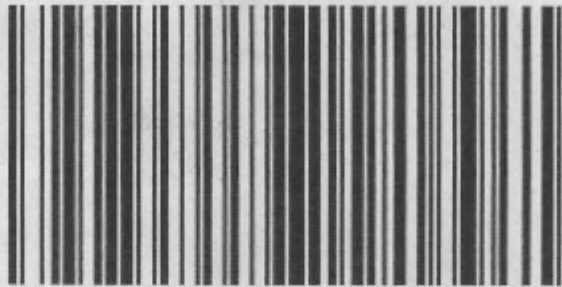


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD28275994


POD COPY

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <b>LE CREUSET</b>		Company Name <i>Le creuset</i>						<input type="checkbox"/> Same Day	
Street Address <b>BROOKLYN MALL SHOP 318 BROOKLYN MALL CNR VAELE &amp; WATERKLOOF ROAD</b>		Street Address <i>Unit 5, Heron Park old Paardevlei Rd. Olive Grove Industrial Estate.</i>						<input type="checkbox"/> Express	
Suburb <b>BROOKLYN - PRETORIA</b>		Suburb <i>Somerset west</i>						<input type="checkbox"/> With Sunrise Option	
City / Town <b>PTA</b>	Postal Code	City / Town <b>Cape Town</b>		Postal Code <b>7200</b>		<input type="checkbox"/> With Saturday Service		<input type="checkbox"/> Public Holiday Service	
Contact <b>FATIMA</b>		Contact <i>Jenna</i>						<input checked="" type="checkbox"/> Economy	
Phone <b>012 346 2840</b>		Phone <i>071 851 7178</i>						<input type="checkbox"/> After Hours	
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)		<input type="checkbox"/> BLNS Customs Tariff	

Sender's Reference **Whitecubes** Analysis Code

**SPECIAL INSTRUCTIONS**

Tariff Code **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 1000.00 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 14.8 AND 14.7 OVERLEAF)

*[Signature]* **SENDER'S AUTHORISED SIGNATURE** **11-07-18** **DATE**

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

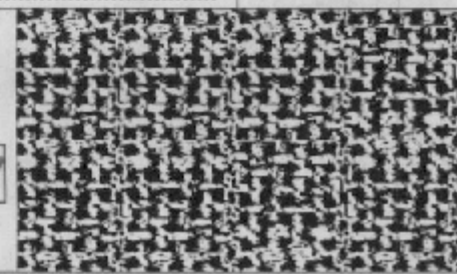
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<b>1</b>	<i>Box</i>			

Goods received in full without damage (unless endorsed)		Received By DSV	
Name Of Receiver (PLEASE PRINT CLEARLY) <b>BASIL</b>		Name Of Courier (PLEASE PRINT CLEARLY) <i>Z. J. Jansz</i>	
Date Received: <b>13 07 18</b>	Time Received: <b>09 38</b>	Date Received: <b>11 07 18</b>	Time Received: <b>15 59</b>
Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>		

1. ONLINE

3. EFT

Total Mass (Kg)



Version Control (01/2018)