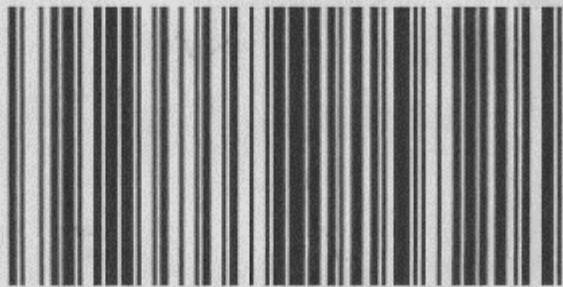


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD28289744


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 Olive Grove Industrial Estate Old Paardevlei Road</i>				<input type="checkbox"/> Express
Suburb <b>BROOKLYN - PRETORIA</b>			Suburb <i>Somerset West</i>				<input type="checkbox"/> With Sunrise Option
City / Town <b>PIA</b>		Postal Code	City / Town <b>Capetown</b>		Postal Code <b>7200</b>	<input type="checkbox"/> With Saturday Service	
Contact <b>FATIMA</b>			Contact <i>Lahren</i>				<input type="checkbox"/> Public Holiday Service
Phone <b>012 345 2840</b>			Phone <i>021 851 7178</i>				<input checked="" type="checkbox"/> Economy
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"/> After Hours
Sender's Reference <b>UT I 2913353</b>			Analysis Code				<input type="checkbox"/> BLNS Customs Tariff

**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 14.6 AND 14.7 OVERLEAF)

**SENDER'S AUTHORISED SIGNATURE** *[Signature]* **DATE** *14/06/18*

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>	<i>18/1/18</i>	<i>09/1/10</i>	<i>7</i>

<p>Goods received in full without damage (unless endorsed)</p> <p>Name Of Receiver (PLEASE PRINT CLEARLY)</p> <p><b>L A U R E N</b></p> <p>Date Received: <b>18 06 18</b></p> <p>Time Received: <b>0920</b></p> <p>Signature: <i>[Signature]</i></p>	<p>Received By DSV</p> <p>Name Of Courier (PLEASE PRINT CLEARLY)</p> <p><b>W J O U</b></p> <p>Date Received: <b>14 06 18</b></p> <p>Time Received: <b>1430</b></p> <p>Signature: <i>[Signature]</i></p>	
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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

1. ONLINE

3. EFT

**Total Mass (Kg)**