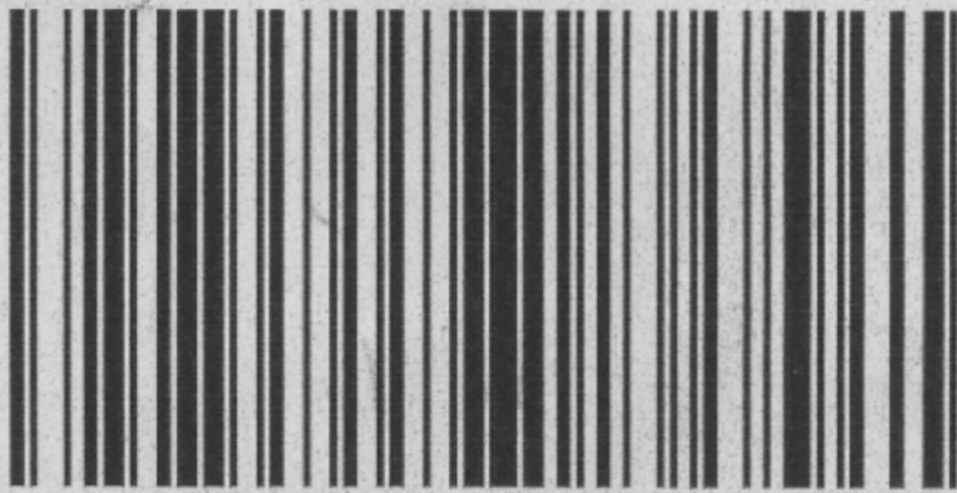


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD28616582

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S	U	B	H	T	1	1	0	2	5	4	0	7
ADDITIONAL TRACKING NUMBERS												

POD COPY

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET				Company Name LE CREUSET CPT				<input type="checkbox"/> Same Day	
Street Address SHOP UL262 PAVILION SHOPPING CENTRE WESTVILLE				Street Address UNIT 5 HERON PARK OLIVE GROVE ESTATE				<input type="checkbox"/> Express	
Suburb				Suburb SOMERSET WEST				<input type="checkbox"/> With Sunrise Option	
City / Town DUR		Postal Code 4000		City / Town SOMERSET WEST (SSW)		Postal Code 8000		<input type="checkbox"/> With Saturday Service	
Contact TRISINA / RASHREE				Contact JENNA / FRANCI				<input checked="" type="checkbox"/> Economy <input checked="" type="checkbox"/>	
Phone 031-2658455				Phone 021 851 7178				<input type="checkbox"/> After Hours	
Destination Country		South Africa <input checked="" type="checkbox"/> Botswana		Lesotho		Namibia		Swaziland	
		Other (Please Specify)							
Sender's Reference DAMAGES / DEEPT EAL				Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS UT14219886									
Tarrif Code 027766		Bill To Sender <input type="checkbox"/>		Consignee <input checked="" type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		<input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT	
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)									
e-mail / Fax / Proof of Delivery <input type="checkbox"/>				e-mail Address / Fax Number				14/08/18 SENDER'S AUTHORISED SIGNATURE _____ DATE	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)			
2		16/00/18							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) BASIL				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) AARON				Version Control (01/2018)	
Date Received: 160818		Time Received: 0950		Date Received: 140818		Time Received: 1619			
Signature: BA				Signature: _____					