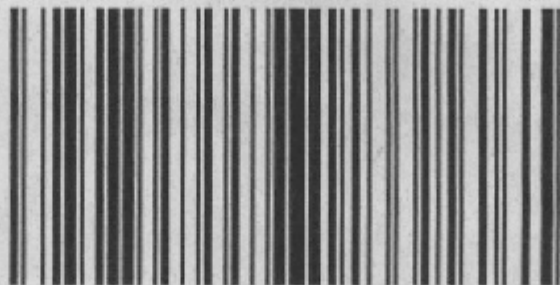


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD28616771

Sender's Details

Consignee's Details. Full Street Address Please

Company Name **LE CREUSET**
Street Address **SHOP UL262
PAVILION SHOPPING CENTRE
WESTVILLE**
Suburb
City / Town **DUR** Postal Code **4000**
Contact **TRISINA
031-2658455**
Phone

Company Name **LE CREUSET CPT**
Street Address **UNIT 5 HERON PARK
OLIVE GROVE ESTATE**
Suburb **SOMERSET WEST**
City / Town **SOMERSET WEST (SSM)** Postal Code **8000**
Contact **ATT. Carmen**
Phone **021 851 7178**

Mark Service Required
<input type="checkbox"/> Same Day
<input checked="" type="checkbox"/> Express
<input type="checkbox"/> With Sunrise Option
<input type="checkbox"/> With Saturday Service
<input type="checkbox"/> Public Holiday Service
<input type="checkbox"/> Economy
<input type="checkbox"/> After Hours
<input type="checkbox"/> BLNS Customs Tariff

Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)
Sender's Reference **UT2** Analysis Code **D/BASE**

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 AUTHORIZED SIGNATURE **08/10/18** DATE

<input type="checkbox"/> 1. ONLINE
<input type="checkbox"/> 3. EFT

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

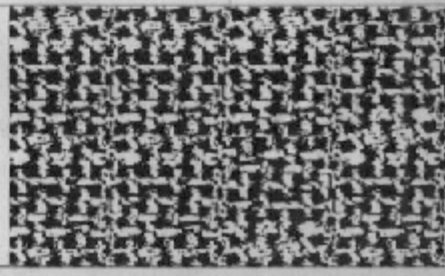
Total Parcels **1** NO. OF PARCELS PER DIMENSIONS **Flyer** LENGTH (CM) **29** WIDTH (CM) HEIGHT (CM)

Goods received in full without damage (unless endorsed)
Name Of Receiver (PLEASE PRINT CLEARLY) **LAUREN**
Date Received: **030119** Time Received: **0849**

Received By DSV
Name Of Courier (PLEASE PRINT CLEARLY) **AGREN**
Date Received: **020119** Time Received: **1500**

Signature:

Signature:



POD COPY

Version Control (01/2018)