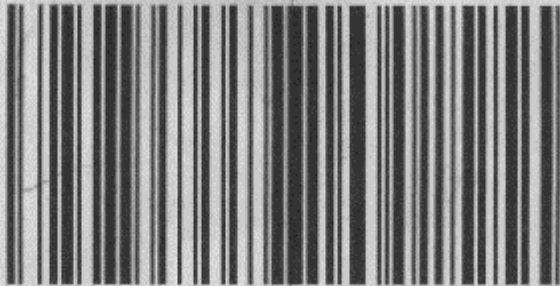


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD28622520

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name <i>Le Creuset South Africa</i>		Company Name <i>Le Creuset South Africa</i>				<input type="checkbox"/> Same Day
Street Address <i>Shop 105</i>		Street Address <i>Unit 5</i>				<input type="checkbox"/> Express
<i>Garden Route Mall</i>		<i>Heron Park</i>				<input type="checkbox"/> With Sunrise Option
<i>Na Highway & Knysna Road</i>		<i>Olive Grove Park</i>				<input type="checkbox"/> With Saturday Service
Suburb <i>George</i>		Suburb <i>Somerset West</i>				<input type="checkbox"/> Public Holiday Service
City / Town <i>George</i>	Postal Code <i>6546</i>	City / Town <i>Cape Town</i>	Postal Code <i>8001</i>	<input checked="" type="checkbox"/> Economy		
Contact <i>Lizanne</i>		Contact <i>Jacqueline Benade</i>		<input type="checkbox"/> After Hours		
Phone <i>044 004 0112</i>		Phone <i>021 851 7178</i>		<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 *UTI 3141060* Analysis Code

SPECIAL INSTRUCTIONS

Tariff Code *27766* 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)

Mandy SENDER'S AUTHORISED SIGNATURE *18/06/2016* 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)	Total Mass (Kg)
<i>1</i>	<i>1 BOX</i>				

Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <i>CLARICE</i>	Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <i>Armed</i>	
Date Received: <i>190618</i>	Time Received: <i>0844</i>	
Date Received: <i>180618</i>	Time Received: <i>1320</i>	
Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>	

Version Control (01/2015)