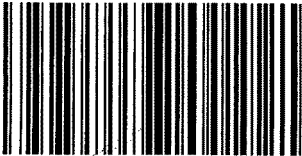


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD28622521

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name <u>Le Creuset</u>	Street Address <u>Shop 105</u>	Company Name <u>Le Creuset</u>	Street Address <u>Shop 105</u>
<u>Garden Route Mall</u>	<u>Na Highway & Kaysma</u>	<u>Walmer Park Shopping Center</u>	<u>Main Road</u>
Suburb	City / Town <u>George</u>	Suburb <u>Walmer Park</u>	City / Town <u>Port Elizabeth</u>
Postal Code <u>6546</u>	Contact <u>Etienne</u>	Postal Code <u>6070</u>	Contact <u>Rene Newfeldt</u>
Phone <u>044 004 0112</u>	Destination Country	Phone <u>041 367 2318</u>	
	<input 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	Analysis Code		

Mark Service Required
Same Day
Express
With Suirrive Option
With Saturday Service
Public Holiday Service
Electronic
After Hours
BLS 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)

Mandy 21/05/18
SENDER'S AUTHORISED SIGNATURE DATE

1. ONLINE <input type="checkbox"/>
3. EFT <input type="checkbox"/>
Total Mass (Kg)

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

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<u>1</u>	<u>1 BOX</u>			

Goods received in full without damage (unless endorsed)
Name Of Receiver (PLEASE PRINT CLEARLY)
Rene

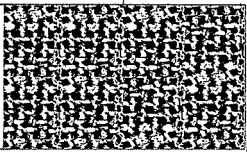
Date Received: 22 05 18 Time Received: 1:35

Signature: [Signature]

Received By DSV
Name Of Courier (PLEASE PRINT CLEARLY)
[Signature]

Date Received: 21 05 18 Time Received: 18:25

Signature: [Signature]



POD COPY

Version Control (01/2018)