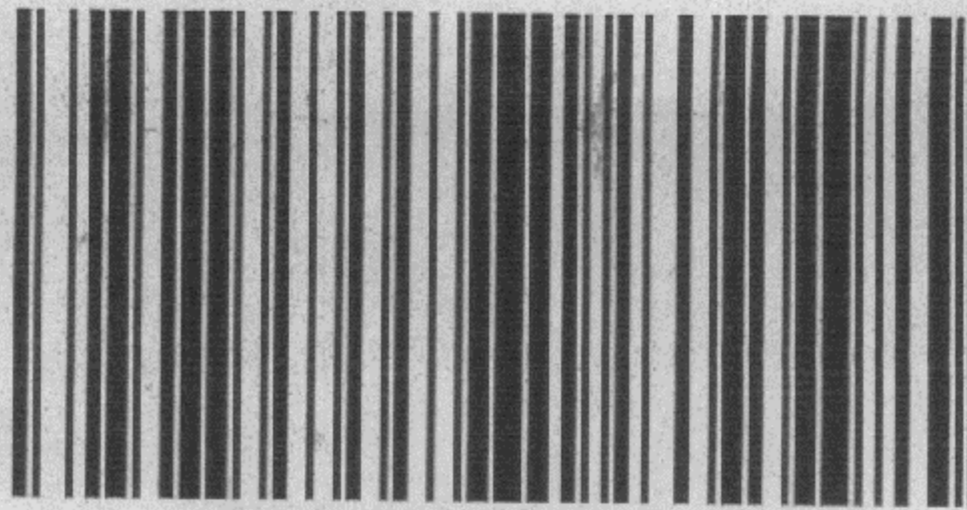


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD28695050


POD COPY

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required							
Company Name <u>LE CREUSET SANDTON</u>		Company Name <u>Le creuset</u>						<input type="checkbox"/> Same Day							
Street Address <u>SHOP L339 SANDTON CITY</u>		Street Address <u>Units Heron Park Industrial Estate old Paardevlei Road</u>						<input type="checkbox"/> Express							
Suburb <u>SANDTON</u>		Suburb <u>Somerset West</u>						<input type="checkbox"/> With Sunrise Option							
City / Town <u>JNB</u> Postal Code <u>2193</u>		City / Town <u>Cape-Town</u> Postal Code _____						<input type="checkbox"/> With Saturday Service							
Contact <u>KARABO</u>		Contact <u>Ernaen Sennet</u>						<input type="checkbox"/> Public Holiday Service							
Phone <u>011 784 0301</u>		Phone <u>021 851 7178</u>						<input checked="" type="checkbox"/> Economy							
Destination Country		South Africa		Botswana		Lesotho		Namibia		Swaziland		Other (Please Specify)			
Sender's Reference <u>U112744889</u>		Analysis Code						<input type="checkbox"/> After Hours							
<b>SPECIAL INSTRUCTIONS</b> Tariff Code <u>027766</u> Bill To <input checked="" type="checkbox"/> Sender Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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										DATE <u>2011/06/18</u>					
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number _____															
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT(CM)</b>		Total Mass (Kg)					
1		BOX													
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>BASTIL</u>							Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>Craun</u>								
Date Received: <u>040618</u>				Time Received: <u>1030</u>				Date Received: <u>010618</u>				Time Received: <u>1330</u>			
Signature:							Signature:								

Version Control (01/2018)