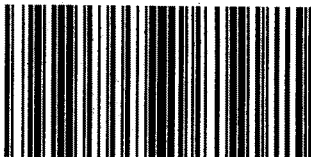


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2



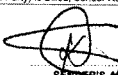
DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



SUBBD28695055

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Req
Company Name LE CREUSET SANDTON				Company Name Le Creuset Walmer				<input type="checkbox"/> Same Dt
Street Address SHOP L339 SANDTON CITY				Street Address SHOP 103 Walmer Park Shopping Centre, 14th E. 16th AVENUE				<input type="checkbox"/> Express
Suburb SANDTON				Suburb Walmer				<input type="checkbox"/> With Sunrise
City / Town JNB Postal Code 2193				City / Town PORT ELIZABETH Postal Code				<input type="checkbox"/> With Saturday
Contact KARABO				Contact 041 367 2318				<input type="checkbox"/> Public Holiday
Phone 011 784 0301				Phone				<input checked="" type="checkbox"/> Economy
Destination Country		South Africa		Botswana		Lesotho		Namibia
								Swaziland
								Other (Please Specify)
Sender's Reference								<input type="checkbox"/> Analysis Code
SPECIAL INSTRUCTIONS								<input type="checkbox"/> After Hour
Tariff Code 027766								<input checked="" type="checkbox"/> Bill To Sender
Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>								<input type="checkbox"/> 1. ONLINE

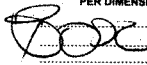
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 14.14 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 1000.00 PER SHIPMENT. (SEE CLAUSE 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)

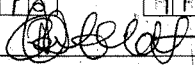
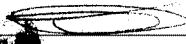
SENDER'S AUTHORISED SIGNATURE  **DATE** **11/06/2018**

1. ONLINE

3. EFT

Total Mass

e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number	
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)
HEIGHT (CM)	1 		

Goods received in full without damage (unless endorsed)		Received By DSV	
Name Of Receiver (PLEASE PRINT CLEARLY) Kene		Name Of Counter (PLEASE PRINT CLEARLY) John	
Date Received: 13/06/18		Date Received: 11/06/18	
Time Received: 11:50		Time Received: 15:55	
Signature: 		Signature: 	

POD COPY