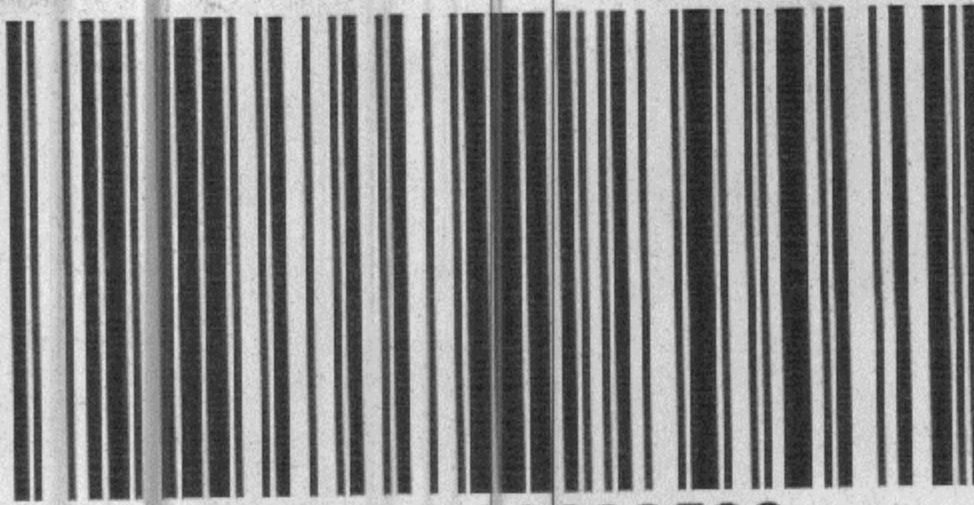


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD28699580

POD COPY

Version Control (01/2018)

Sender's Details		Consignee's Details. Full Street Address Please			
Company Name	<i>Le Creuset South Africa</i>	Company Name	<i>Le Creuset South Africa</i>		
Street Address	<i>Shop 105 Garden Route Mall N2 Highway & Knysna Road George</i>	Street Address	<i>Shop 100 Constantia Village Constantia Main Road Constantia</i>		
City / Town	<i>George</i> Postal Code <i>6546</i>	City / Town	<i>Cape Town</i> Postal Code <i>7700</i>		
Contact	<i>Jelzanne</i>	Contact	<i>Nicole</i>		
Phone	<i>044 004 0112</i>	Phone	<i>021 794 3615</i>		
Destination Country	<input checked="" type="checkbox"/> South Africa	<input type="checkbox"/> Botswana	<input type="checkbox"/> Lesotho	<input type="checkbox"/> Namibia	<input type="checkbox"/> Swaziland
Sender's Reference	Analysis Code		Other (Please Specify)		

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

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)

SENDER'S AUTHORISED SIGNATURE *[Signature]* DATE *22/06/15*

BLNS Customs Tariff

1. ONLINE

3. EFT

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

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

Total Mass (Kg)

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

GARNETTE

Date Received: *25 06 15* Time Received: *11 22*

Signature: *[Signature]*

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)

Annis

Date Received: *22 06 15* Time Received: *14 45*

Signature: *[Signature]*

