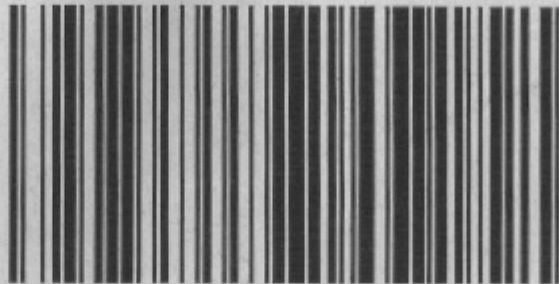


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD28967728

Banking File	
ADDITIONAL	
TRACKING	
NUMBERS	

POD COPY

Sender's Details

Company Name Le Creuset Baywest
Street Address Shop LG 43
Baywest Mall
N2
Suburb Walter Drive Ext.
City / Town Port Elizabeth Postal Code 6001
Contact Kene Newfeldt
Phone 041 004 0011

Consignee's Details. Full Street Address Please

Company Name Le Creuset Accounts
Street Address Unit 5, Heron Park
Olive Grove, Industrial Est
Old Paardevlei Road.
Suburb Somerset West
City / Town Cape Town Postal Code 8001
Contact Clarence Bionn
Phone 021 853 7178

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)

Sender's Reference 4T16179935 Analysis Code

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)

[Signature] 16-01-19
SENDER'S AUTHORISED SIGNATURE DATE

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)
<u>1</u>	<u>1</u>	<u>36</u>	<u>36</u>	<u>7</u>

Total Mass (Kg)

Goods received in full without damage (unless endorsed)
Name Of Receiver (PLEASE PRINT CLEARLY)
Cerisa
Date Received: 170219 Time Received: 0943
Signature: CAVenter

Received By DSV
Name Of Courier (PLEASE PRINT CLEARLY)
XOLANI
Date Received: 160119 Time Received: 1310
Signature: [Signature]

