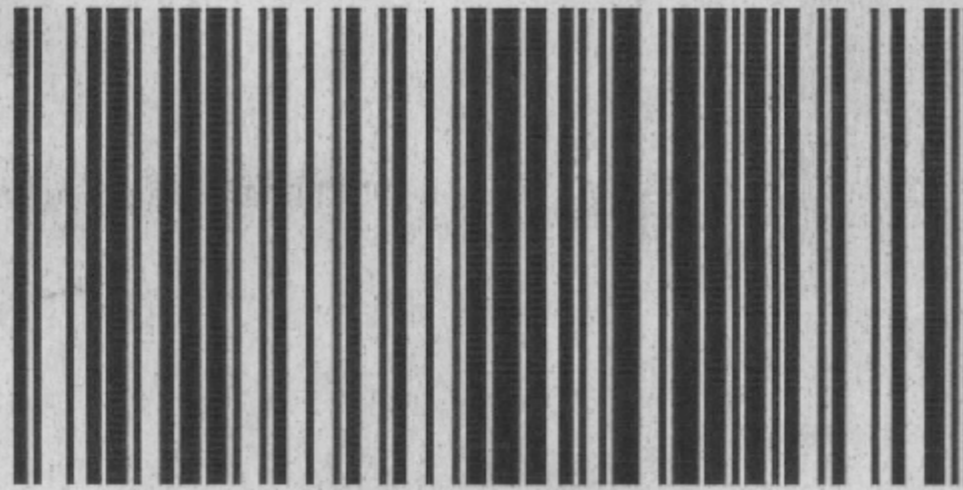


CONTRACT FOR CARRIAGE / DISPATCH NOTE



SUBBD28967754

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

Sender's Details

Consignee's Details. Full Street Address Please

Mark Service Required

Company Name La Creuset Baywest
Street Address Shop Lc 42, Lower level, Baywest Mall, Nz, Walker Drive extension, Walker Drive extension
Suburb Walker Drive extension
City / Town P.E Postal Code 6001
Contact _____
Phone _____

Company Name La Creuset Warehouse
Street Address Unit 5, Heron Park, Olive Grove, Industrial Estate, Od Paredenei road
Suburb Somerset West
City / Town Cape Town Postal Code 7100
Contact Jenny
Phone 021 851 7178

- Same Day
- Express
- With Sunrise Option
- With Saturday Service
- Public Holiday Service
- Economy
- After Hours

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

Sender's Reference UTP 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] 01/10/2018
SENDER'S AUTHORISED SIGNATURE DATE

- BLNS Customs Tariff
- 1. ONLINE
- 3. EFT

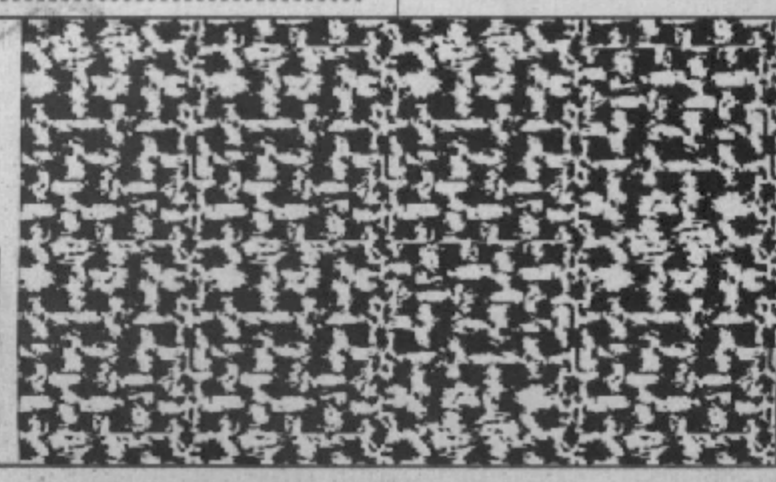
e-mail / Fax / Proof of Delivery e-mail Address / Fax Number _____

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<u>1</u>	<u>1 Box</u>	<u>51</u>	<u>49</u>	<u>36</u>

Total Mass (Kg)

Goods received in full without damage (unless endorsed)
Name Of Receiver (PLEASE PRINT CLEARLY) BASIL
Date Received: 02/10/18 Time Received: 0900
Signature: [Signature]

Received By DSV
Name Of Courier (PLEASE PRINT CLEARLY) XOLANI
Date Received: 01/10/18 Time Received: 1425
Signature: [Signature]



POD COPY