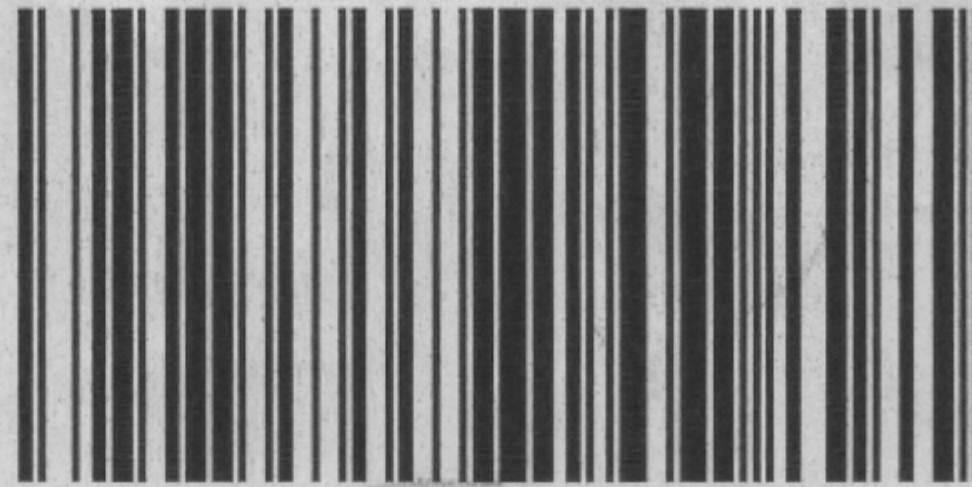


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD28967763

2 2 2 E E E 2 2 2

HEX	CUBES						
ADDITIONAL							
TRACKING							
NUMBERS							

830

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name	Le Creuset Baywest	Company Name	Le Creuset Warehouse
Street Address	Shop LG 43 Baywest Mall. N2.	Street Address	Unit 5, Heron Park Olive Grove, Old Industrial Est. Old Paardevlei Road.
Suburb	walker drive ext.	Suburb	Somerset west.
City / Town	P.E. Postal Code 78001	City / Town	Cape Town Postal Code 8001
Contact	Rene Newfeldt.	Contact	Jenna Franzi
Phone	041 004 0011	Phone	021 851 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	UT14390879				Analysis Code	

**SPECIAL INSTRUCTIONS**

Tarif Code  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 27/08/18

1. ONLINE

3. EFT

Total Mass (Kg)

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

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1	1 Box	42	23	22

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

BASIL

Received: 27/08/18 Time Received: 0920

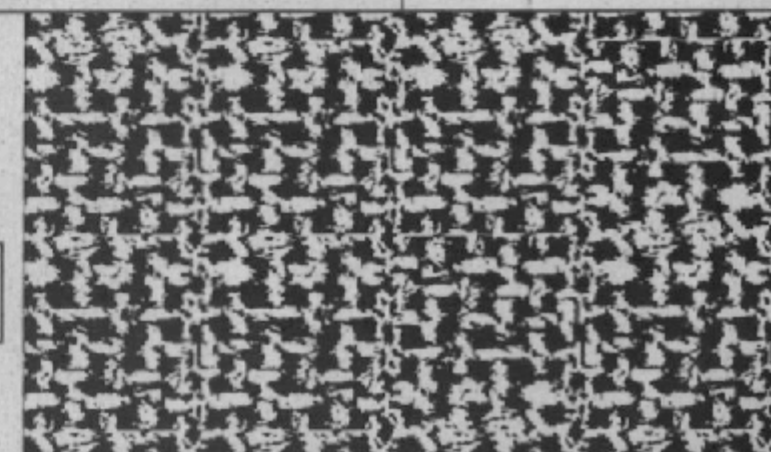
Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)

XOLANI

Date Received: 27/08/18 Time Received: 1633

Signature: *[Signature]*



POD COPY

01/2018