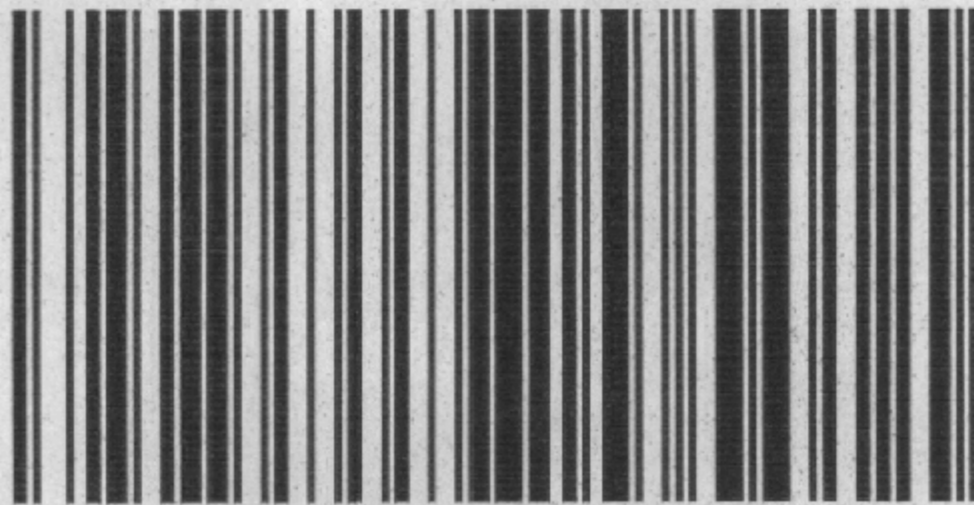


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD28989396

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please			
Company Name	Le Creuset Gateway	Company Name	Le Creuset		
Street Address	Shop G158, Palm Boulevard	Street Address	Unit 5, Heron Park, Olive Grove industrial est.		
Suburb	Umkhanga	Suburb	Somerset West		
City / Town	Durban	City / Town	Cape Town		
Postal Code	4320	Postal Code	8001		
Contact	Cassandra	Contact	Franci Jenna		
Phone	031 100 1239	Phone	021 851 7178		

Mark Service Required
Same Day
Express
With Sunrise Option
With Saturday Service
Public Holiday Service
Economy <input checked="" type="checkbox"/>
After Hours
BLNS Customs Tariff

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference					Analysis Code	

SPECIAL INSTRUCTIONS

Tariff 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)

[Signature] 5/9/2018
SENDER'S AUTHORISED SIGNATURE DATE

1. ONLINE <input type="checkbox"/>
3. EFT <input type="checkbox"/>
Total Mass (Kg)

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)
<i>[Sketch]</i>	Box			

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)
BASIL

Date Received: 07 09 18
Time Received: 10 40

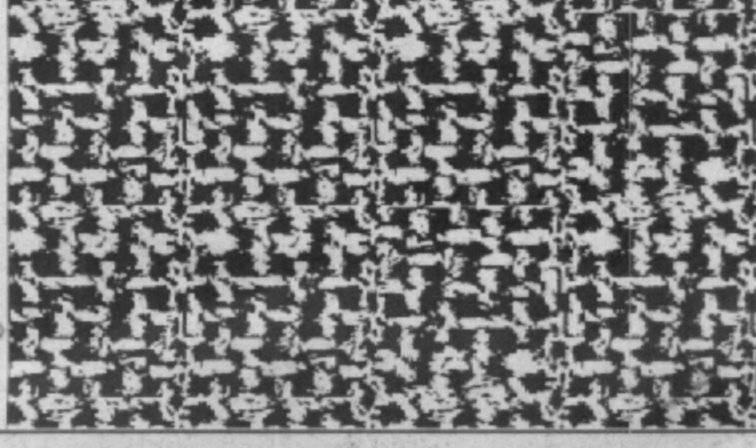
Signature: *[Signature]*

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)
Mx 01 Visi

Date Received: 05 09 18
Time Received: 16 00

Signature: *[Signature]*



Version Control (01/2018)