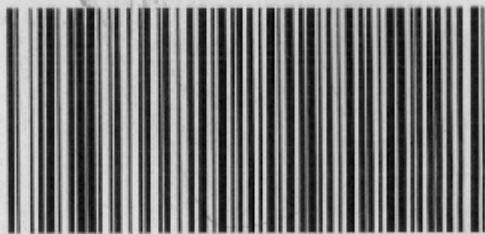


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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. 4980199685



SUBBD29418149

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required			
Company Name: <u>LE CREUSET</u>		Company Name: <u>LE CREUSET LA LUCIA</u>				<input type="checkbox"/> Same Day			
Street Address: <u>UNIT 4 - BLOCK 2 EASTGATE BUSINESS PARK CNR MARLBORO 9' SOUTH</u>		Street Address: <u>SHOP 3 - LA LUCIA MALL 90 WILLIAM TAMBO DRIVE</u>				<input type="checkbox"/> Express			
Suburb: <u>RD</u>		Suburb: <u>La Lucia</u>				<input type="checkbox"/> With Sunrise Option			
City/Town: <u>SANDTON</u> Postal Code: _____		City/Town: <u>DURBAN</u> Postal Code: _____				<input type="checkbox"/> With Saturday Service			
Contact: <u>A. LEWIS</u>		Contact: _____				<input type="checkbox"/> Public Holiday Service			
Phone: _____		Phone: _____				<input checked="" type="checkbox"/> Economy			
Destination Country: <input checked="" type="checkbox"/> Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)						<input type="checkbox"/> After Hours			
Sender's Reference: _____		Analysis Code: _____				BLNS Customs Tariff			
SPECIAL INSTRUCTIONS									
Tariff Code: _____		Bill To Sender: <input type="checkbox"/>		Consignee: <input type="checkbox"/>		Other (Name Please): <input type="checkbox"/>			
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)									
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)			
1		Futel							
HEIGHT (CM)									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Eligaboth</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>M. KODI</u>					
Date Received: <u>21 01 19</u>		Time Received: <u>10 43</u>		Date Received: <u>18 01 19</u>		Time Received: <u>15 35</u>			
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>					

POD COPY

1. ONLINE

3. EFT

Total Mass (Kg)

Version Control (01/2015)