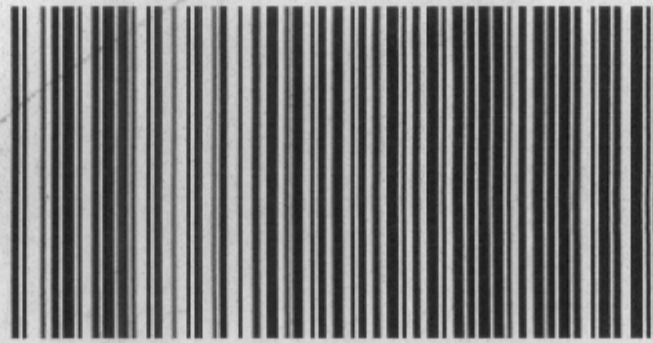


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD29966787

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ADDITIONAL  
TRACKING  
NUMBERS

<b>Sender's Details</b> Company Name: <u>Le Creuset SA</u> Street Address: <u>Shop 105</u> <u>Garden Route Mall</u> <u>N2 Highway x Kingsley Road</u> Suburb: <u>George</u> City / Town: <u>George</u> Postal Code: <u>6546</u> Contact: <u>Mandy - Sue</u> Phone: <u>044 004 0112</u>		<b>Consignee's Details. Full Street Address Please</b> Company Name: <u>Le Creuset SA</u> Street Address: <u>Unit 5</u> <u>Heron Park</u> <u>Olive Grove Park</u> Suburb: <u>Somerset West</u> City / Town: <u>Cape Town</u> Postal Code: <u>8001</u> Contact: <u>FRANCI</u> Phone: <u>021 851 7178</u>		<b>Mark Service Required</b> <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff 1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>
Destination Country: <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)	Sender's Reference: <u>UTI6429166</u> Analysis Code:			
<b>SPECIAL INSTRUCTIONS</b> Tariff Code: <u>027766</u> Bill To <input type="checkbox"/> 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		SENDER'S AUTHORIZED SIGNATURE: <u>[Signature]</u> DATE: <u>04/02/2019</u>		
<b>Total Parcels</b> <input type="text" value="1"/>	NO. OF PARCELS PER DIMENSIONS <u>1x Box</u>	LENGTH (CM) WIDTH (CM) HEIGHT (CM)	Total Mass (Kg)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>BASIL</u> Date Received: <u>050219</u> Time Received: <u>1140</u> Signature: <u>[Signature]</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u>[Signature]</u> Date Received: <u>050219</u> Time Received: <u>1333</u> Signature: <u>[Signature]</u>		

POD COPY

Version Control (01/2018)