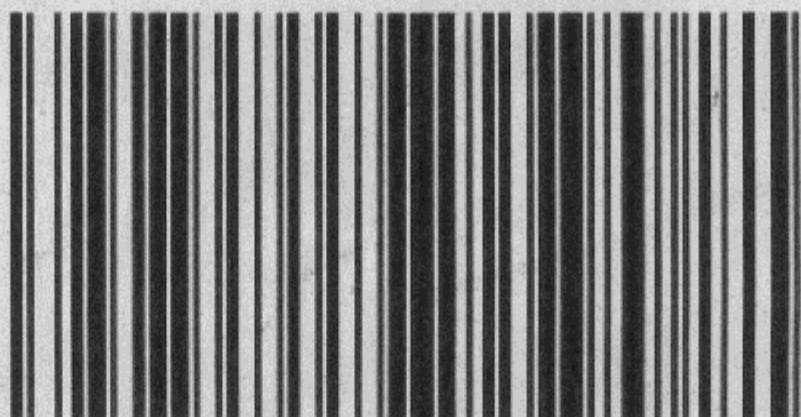


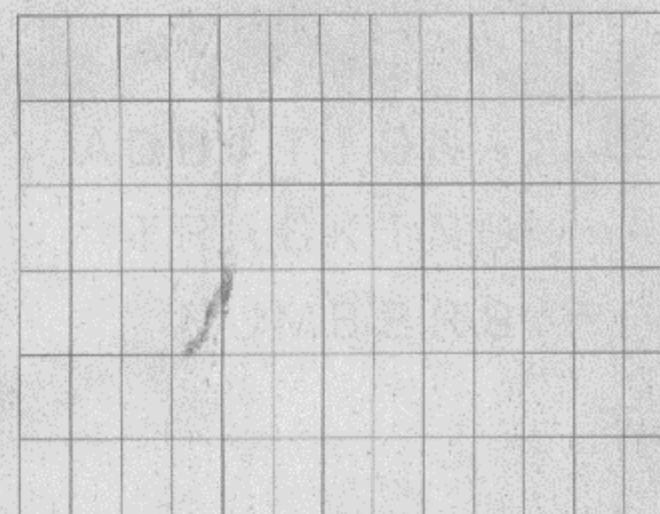
CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213873



SUBBD26508688



Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>LE CREUSET WOODLANDS</u>		Company Name <u>LE CREUSET LA LUCIA</u>				<input type="checkbox"/> Same Day	
Street Address <u>SHOP 267 WOODLANDS</u>		Street Address <u>90 WILLIAM CAMPBELL</u>				<input type="checkbox"/> Express	
<u>BOULEVARD CNR GALSIGHTEN DRIVE</u>		<u>LA LUCIA</u>				<input type="checkbox"/> With Sunrise Option	
<u># DE VILLE BOIS</u>		<u>DURBAN NORTH</u>				<input type="checkbox"/> With Saturday Service	
Suburb <u>MORELETA PARK</u>						<input type="checkbox"/> Public Holiday Service	
City / Town <u>PRETORIA</u> Postal Code <u>0002</u>		City / Town <u>KZN</u> Postal Code <u></u>				<input checked="" type="checkbox"/> Economy	
Contact <u>MARISKA</u>		Contact <u>ATISHA</u>				<input type="checkbox"/> After Hours	
Phone <u>012 997 3777</u>		Phone <u>031 512 5045</u>				<input type="checkbox"/> BLNS Customs Tariff	
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>UT19929298</u>		Analysis Code <u></u>					
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <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.			
<p>IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 12.4 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 12.5 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 12.5, 12.6 AND 12.7 OVERLEAF).</p>							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number <u></u>		SENDER'S AUTHORISED SIGNATURE <u>[Signature]</u>		DATE <u>16-01-2018</u>	
Total Parcels <u>1</u>		NO. OF PARCELS PER DIMENSIONS <u>1 BOX</u>		LENGTH (CM) <u></u>		WIDTH (CM) <u></u>	
				HEIGHT (CM) <u></u>		Total Mass (Kg) <u></u>	
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) <u>Branigan</u>				Name Of Courier (PLEASE PRINT CLEARLY) <u>[Signature]</u>			
Date Received: <u>15/01/18</u>		Time Received: <u>1300</u>		Date Received: <u>17/01/18</u>		Time Received: <u>1600</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			