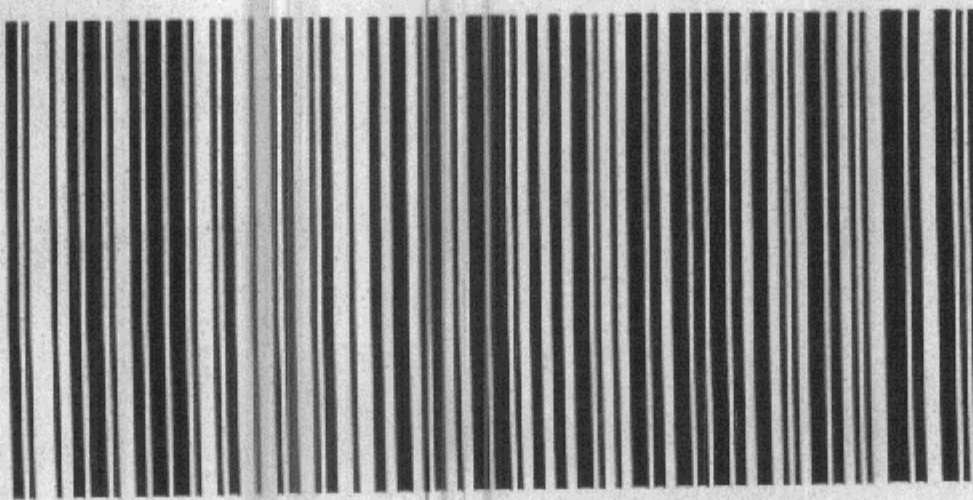


# CONTRACT FOR CARRIAGE / DISPATCH NOTE




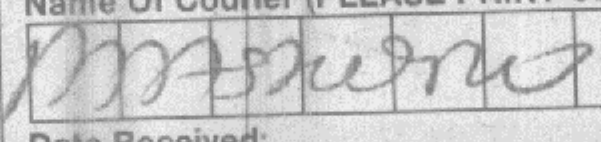
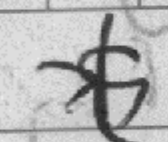
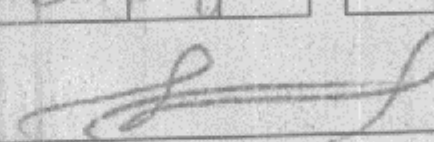
DSV South Africa  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213873

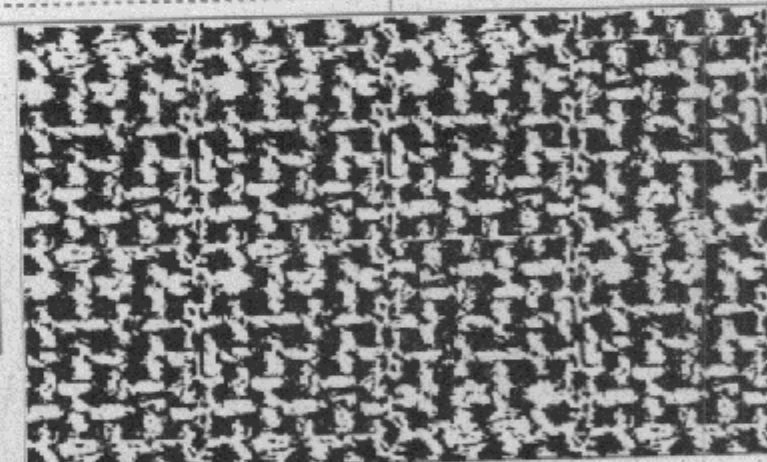


SUBBD24860720


POD COPY

Version Control (08/2016)

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSET</b> Street Address <b>MALL OF AFRICA SHOP 2040</b> <b>CNR ALLANDALE &amp; BEN SCHOEMAN</b> Suburb <b>HIGHWAY -MIDRAND</b> City / Town <b>JNB</b> Postal Code <b>2066</b> Contact <b>CASSANDA</b> Phone <b>011 568 2097</b>		Company Name <b>LE CREUSET</b> Street Address <b>UNIT 5 HERON PARK</b> <b>OLIVE GROVE INDUSTRIAL</b> <b>OLD PARDVLEI ROAD</b> Suburb <b>SOMERSET WEST</b> City / Town <b>CAPE TOWN</b> Postal Code <b>7130</b> Contact <b>MITCHELLE</b> Phone <b>021 851 7178</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 type="checkbox"/> Economy <input type="checkbox"/> After Hours	
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)		Analysis Code				BLNS Customs Tariff	
Sender's Reference						1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>027766</b> Bill To <input checked="" 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 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).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE 		DATE <b>22/02/18</b> Total Mass (Kg)	
Total Parcels <b>1</b>		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM) <b>49.30</b> HEIGHT (CM)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>XAVIER</b>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) 			
Date Received: <b>260218</b>		Time Received: <b>09:30</b>		Date Received: <b>220218</b>		Time Received: <b>14:20</b>	
Signature: 				Signature: 			

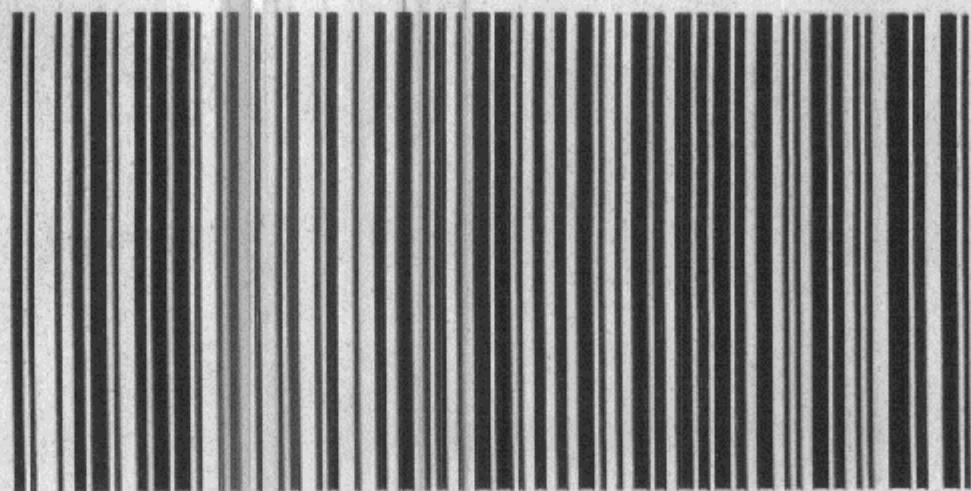





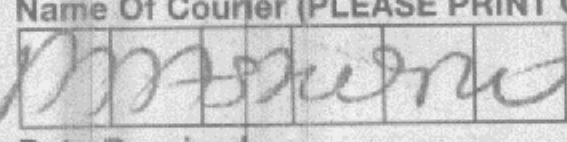
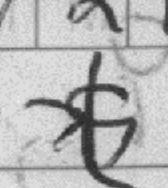
CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD24860720


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSET</b>		Company Name <b>LE CREUSET</b>				<input type="checkbox"/> Same Day	
Street Address <b>MALL OF AFRICA SHOP 2040</b>		Street Address <b>UNIT 5 HERON PARK OLIVE GROVE INDUSTRIAL OLD PARADISE ROAD</b>				<input type="checkbox"/> Express	
Suburb <b>HIGHWAY - MIDRAND</b>		Suburb <b>SOMERSET WEST</b>				<input type="checkbox"/> With Sunrise Option	
City / Town <b>JNB</b> Postal Code <b>2056</b>		City / Town <b>CAPE TOWN</b> Postal Code <b>7130</b>				<input type="checkbox"/> With Saturday Service	
Contact <b>CASSANDA</b>		Contact <b>MITCHELLE</b>				<input type="checkbox"/> Public Holiday Service	
Phone <b>011 568 2097</b>		Phone <b>021 851 7178</b>				<input type="checkbox"/> Economy	
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)						<input type="checkbox"/> After Hours	
Sender's Reference		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>027766</b> Bill To <input checked="" 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 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).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE 		DATE <b>22/02/18</b>	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM) <b>49.50</b> HEIGHT (CM)	
<b>1</b>							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>XAVIER</b>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) 			
Date Received: <b>260218</b>		Time Received: <b>0930</b>		Date Received: <b>220218</b>		Time Received: <b>1200</b>	
Signature: 				Signature: 