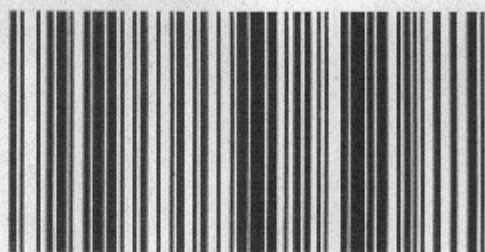


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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. 4880185685



SUBBD26769056

2 2 2 E E E 2 2 2


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>La Creuset</b>		Company Name <b>LE CREUSET - MENILYN</b>				<input type="checkbox"/> Same Day	
Street Address <b>90 William Cambell drive, sho</b>		Street Address <b>SHOP 12 JANUARY MASILELA</b>				<input type="checkbox"/> Express	
<b>La Lucia</b>		<b>AMARANTO DRIVE</b>				<input type="checkbox"/> With Sunrise Option	
<b>Umhlanga</b>						<input type="checkbox"/> With Saturday Service	
Suburb		Suburb <b>WATERKLOOF EXT 2</b>				<input type="checkbox"/> Public Holiday Service	
City / Town <b>DUR</b> Postal Code <b>4000</b>		City / Town <b>PRETORIA</b> Postal Code <b>0109</b>				<input checked="" type="checkbox"/> Economy	
Contact <b>Bill McIntosh/Marion</b>		Contact				<input type="checkbox"/> After Hours	
Phone <b>0315725045</b>		Phone				BLNS Customs Tariff	
Destination Country		South Africa		Botswana		Lesotho	
		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference <b>UT18404449</b>		Analysis Code					
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No.		Bill To <input type="checkbox"/> Sender		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 14.14 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 14.8 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).</p>							
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)	
<b>1</b>		<b>BOX</b>					
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<b>Toni</b>				<b>Dylan</b>			
Date Received:		Time Received:		Date Received:		Time Received:	
<b>290618</b>		<b>1100</b>		<b>280618</b>		<b>1445</b>	
Signature: <b>[Signature]</b>				Signature: <b>[Signature]</b>			

1. ONLINE

3. EFT

Total Mass (Kg)

POD COPY