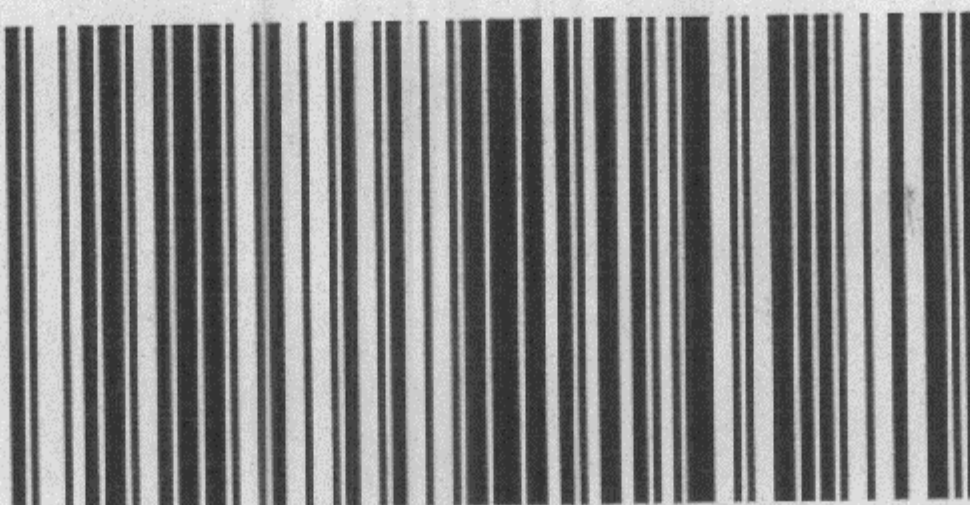


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD28289647

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POD COPY

Sender's Details Company Name <u>LE CREUSET</u> Street Address <u>BROOKLYN MALL</u> <u>SHOP 318 BROOKLYN MALL</u> <u>CNR VAELE & WATERKLOOF ROAD</u> Suburb <u>BROOKLYN - PRETORIA</u> City / Town <u>PTA</u> Postal Code <u> </u> Contact <u>FATIMA</u> Phone <u>012 346 2840</u>			Consignee's Details. Full Street Address Please Company Name <u>le creuset</u> Street Address <u>Unit 5 Heron Park</u> <u>Olive Goe, Industrial Estate</u> <u>Old Barde vlei Rd</u> Suburb <u>Somers West</u> City / Town <u>Cape Town</u> Postal Code <u>7200</u> Contact <u>Lauren</u> Phone <u>021 881 7178</u>			Mark Service Required <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
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) <u> </u>			BLNS Customs Tariff <u> </u>			
Sender's Reference <u>WHITEBLOCKS</u> Analysis Code <u> </u>			1. ONLINE <input type="checkbox"/>			
SPECIAL INSTRUCTIONS Tariff Code <u>027766</u> Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <u> </u> If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.			3. EFT <input type="checkbox"/>			
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)			SENDER'S AUTHORISED SIGNATURE <u>[Signature]</u> DATE <u>26/06/2018</u>			
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number <u> </u>			Total Mass (Kg) <u> </u>			
Total Parcels <u>1</u>	NO. OF PARCELS PER DIMENSIONS <u>Box</u>	LENGTH (CM) <u> </u>	WIDTH (CM) <u> </u>	HEIGHT (CM) <u> </u>	HEIGHT (CM) <u> </u>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Carmen</u> Date Received: <u>28 06 18</u> Time Received: <u>09 15</u> Signature: <u>[Signature]</u>			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>[Signature]</u> Date Received: <u>26 06 18</u> Time Received: <u>15 52</u> Signature: <u>[Signature]</u>			