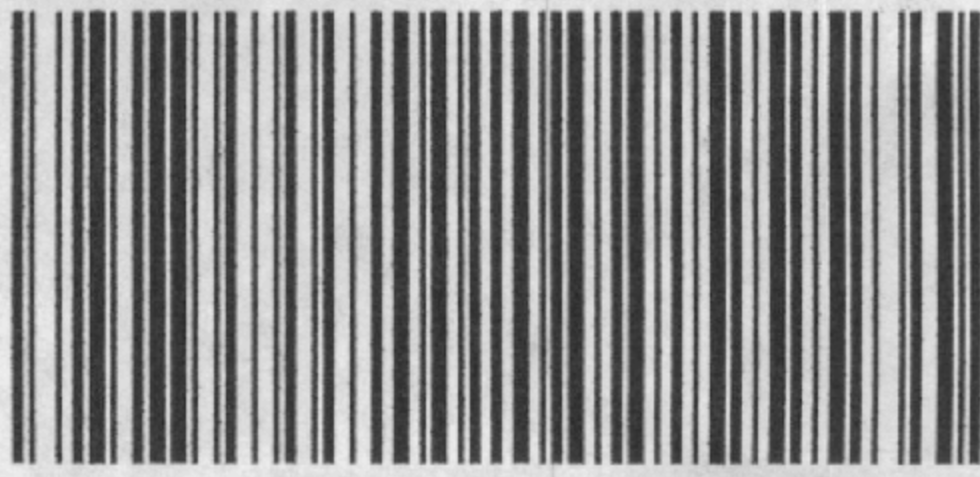


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD29255444

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ACCOUNTS COPY

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required					
Company Name <u>Martin Parneer</u>		Company Name <u>le Creuset</u>						<input type="checkbox"/> Same Day					
Street Address <u>11 Skippers End</u>		Street Address <u>Unit 5 Heron Park</u>						<input type="checkbox"/> Express					
<u>Zeekeerhe</u>		<u>Olive Grove Industrial</u>						<input type="checkbox"/> With Sunrise Option					
Suburb		Suburb						<input type="checkbox"/> With Saturday Service					
City / Town <u>Cape Town</u>		City / Town <u>Somerset West</u>						<input checked="" type="checkbox"/> Economy					
Postal Code <u>7941</u>		Postal Code <u>7130</u>						<input type="checkbox"/> After Hours					
Contact <u>084 464 4929</u>		Contact <u>Mary</u>						<input type="checkbox"/> BLNS Customs Tariff					
Phone		Phone <u>021 851 7178</u>											
Destination Country		South Africa		Botswana		Lesotho		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference		Analysis Code											
SPECIAL INSTRUCTIONS													
Tariff Code <u>021877</u>		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>						1. ONLINE <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													
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)				Total Mass (Kg)	
<u>1</u>													
Goods received in full without damage (unless endorsed)													
Name Of Receiver (PLEASE PRINT CLEARLY)													
Date Received:													
Time Received:													
Signature:													
Received By DSV													
Name Of Courier (PLEASE PRINT CLEARLY)													
Date Received:													
Time Received:													
Signature:													
Depot Hand In													
Liability: Value For Loss or Damage													
Liability: (Costs Incidental) To Loss, Damage Or Delay													