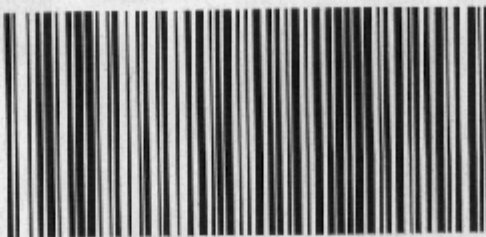


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
 t/a DSV Distribution  
 PO Box 63, The Roads D061  
 Tel (012) 673-2000  
 Reg. No. 2004/015747/07  
 VAT Reg. No. 4260213873



SUBBD25131799

SUBHT09278979
SUBHT09278980
TRACKING
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name <b>LE CREUSET HEAD OFFICE</b>		Company Name <b>LE CREUSET PAVILLION</b>				<input type="checkbox"/> Same Day
Street Address <b>UNIT 5, HERON PA OLIVE GROVE IND. ESTATE</b>		Street Address <b>SHOP UL 262 3611 PAVILLION SHOP. CNTR</b>				<input type="checkbox"/> Express
Suburb <b>SOMERSET WEST</b>		Suburb <b>WESTVILLE</b>				<input type="checkbox"/> With Sunrise Option
City / Town <b>CPT</b> Postal Code <b>7100</b>	City / Town <b>DUR</b> Postal Code <b>3611</b>				<input type="checkbox"/> With Saturday Service	
Contact <b>JASHIN FRASER</b>	Contact <b>3</b>				<input type="checkbox"/> Public Holiday Service	
Phone <b>021 851 7178</b>	Phone <b>031 265 84 55</b>				<input checked="" type="checkbox"/> Economy	
Destination Country <b>South Africa</b>	Botswana	Lesotho	Namibia	Swaziland	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 type="checkbox"/> Sender	Consignee <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	<b>Handwritten: 27/08/08</b>		
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 CLAUSES 12.5, 12.6 AND 12.7 OVERLEAF).						
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number				
<b>Total Parcels</b>	<b>NO. OF PARCELS PER DIMENSIONS</b>	<b>LENGTH (CM)</b>	<b>WIDTH (CM)</b>	<b>HEIGHT (CM)</b>	<b>Total Mass (Kg)</b>	
<b>3</b>	<b>46</b> <b>54</b> <b>88</b>	<b>34</b> <b>8</b>	<b>262</b> <b>10</b> <b>2</b>	<b>88</b> <b>8</b>	<b>34</b>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>A. J. SHAN</b>			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>ANITA</b>			
Date Received: <b>27/08/08</b>		Time Received: <b>13:17</b>		Date Received: <b>27/08/08</b>		
Signature: <b>(A)</b>		Signature: <b>(ANITA)</b>				

POD COPY

Version: 08/01/07