

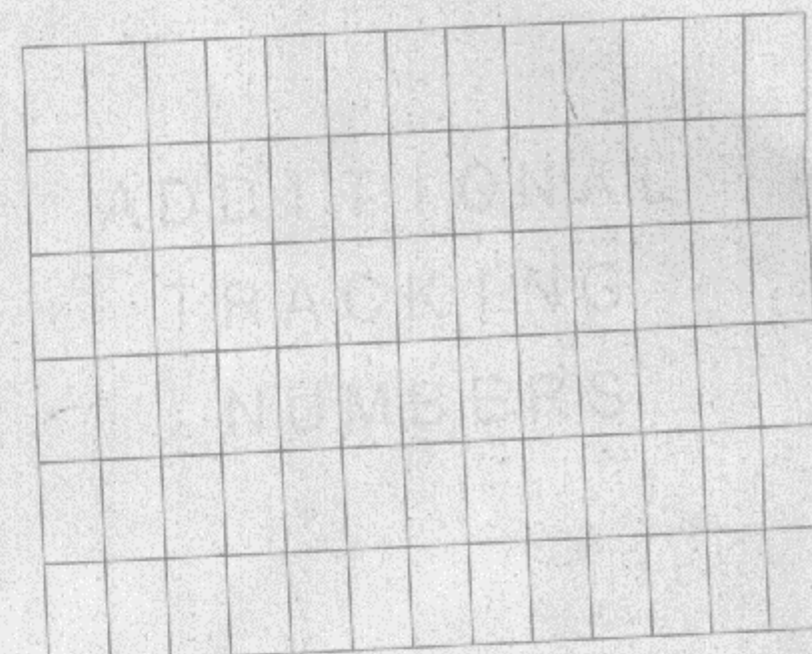
CONTRACT FOR CARRIAGE / DISPATCH NOTE

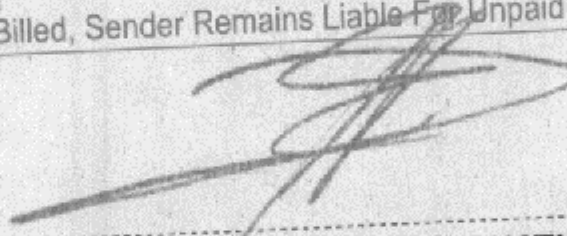


DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD25463871



Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name LE CREUSET BOUTIQUE STO		Company Name LE CREUSET Cavendish		<input type="checkbox"/> Same Day	
Street Address SHOP 6197 V & A WATERFRONT		Street Address Shop L 68 Cavendish Square mall		<input type="checkbox"/> Express	
Suburb VICTORIA WHARF SHOP.CNT		Suburb Claremont		<input type="checkbox"/> With Sunrise Option	
City / Town CAPE TOWN		City / Town CAPE TOWN		<input type="checkbox"/> With Saturday Service	
Postal Code 8001		Postal Code 7708		<input type="checkbox"/> Public Holiday Service	
Contact CINDY PETERSON		Contact 021 671 9550		<input checked="" type="checkbox"/> Economy	
Phone 021 421 8521		Phone 021 671 9550		<input type="checkbox"/> After Hours	
Destination Country South Africa		Other (Please Specify)		<input type="checkbox"/> BLNS Customs Tariff	
Analysis Code				<input type="checkbox"/> 1. ONLINE	
Sender's Reference 4710069537				<input type="checkbox"/> 3. EFT	
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input checked="" 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).					
SENDER'S AUTHORISED SIGNATURE  DATE 23/01/18					
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)	
1		1 X BOX			
				WIDTH (CM)	
				HEIGHT (CM)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) HARRIETTE Date Received: 24 01 18 Time Received: 11 00 Signature: Wendrick					
Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) MARSH Date Received: 23 01 18 Time Received: 11 00 Signature: 111					

Version Control (06/2016)