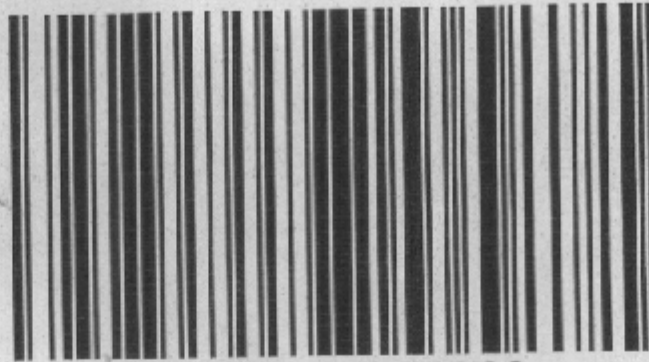


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



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



SUBBD28989363

ADDITIONAL TRACKING NUMBERS									

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le Creuset Gateway</u> Street Address <u>Shop C158 1 Palm</u> <u>Boulevard Gateway Theatre</u> <u>of Shopping</u> Suburb <u>Umlango</u> City / Town <u>Parkton</u> Postal Code <u>4320</u> Contact <u>Cassandra Makgop</u> Phone <u>081 100 1239</u>		Company Name <u>Le Creuset Warehouse</u> Street Address <u>Unit 5 Heron Park</u> <u>Clive Coore industrial est.</u> <u>Old paardevlei Road</u> Suburb <u>Somerset West</u> City / Town <u>Cape Town</u> Postal Code <u>8001</u> Contact <u>Franci / Jenna</u> Phone <u>021 851 7178</u>				<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 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)		Analysis Code				BLNS Customs Tariff	
Sender's Reference						1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>	
SPECIAL INSTRUCTIONS		Tariff Code <input type="checkbox"/> Bill To <input 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.				SENDER'S AUTHORIZED SIGNATURE <u>Almusow</u> DATE <u>05/02/19</u>	
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)						Total Mass (Kg)	
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)			
<u>1</u>	<u>Box</u>						
Goods received in full without damage (unless endorsed)		Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)					
<u>BASIL</u>		<u>SPHELELE</u>					
Date Received:		Date Received:					
<u>070219</u>		<u>080219</u>					
Time Received:		Time Received:					
<u>0915</u>		<u>1600</u>					
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>					

Version Control (01/2018)