

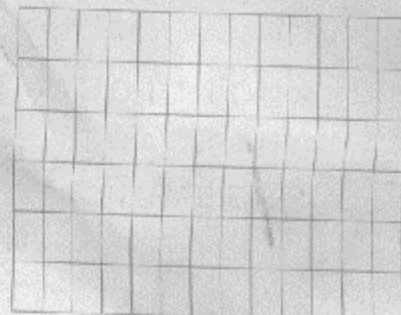
CONTRACT FOR CARRIAGE / DISPATCH NOTE




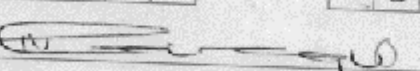
DSV South Africa
 1/a DSV Distribution
 PO Box 63, The Reeds 0061
 Tel (012) 873-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213873



SUBBD26308780



POD COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: LE CREUSET		Company Name: Le Creuset Woodlands		<input type="checkbox"/> Same Day	
Street Address: MALL OF AFRICA SHOP 204 ALLENDALE & BEN SCHOEMAN		Street Address: Shop 276 Woodlands Boul		<input type="checkbox"/> Express	
HIGHWAY WATERFALL ESTATE		Car Carafontein Road and De		<input type="checkbox"/> With Sunrise Option	
JOHANNESBURG		Villebois Moreuil drive		<input type="checkbox"/> With Saturday Service	
Suburb: JOHANNESBURG	Postal Code: 7620	Suburb: Moreletopark	Postal Code: 0002	<input type="checkbox"/> Public Holiday Service	
City / Town: JNB	Postal Code: 7620	City / Town: Pretoria	Postal Code: 0002	<input checked="" type="checkbox"/> Economy	
Contact: PHINDILE KHANGALE	Phone: 011 568 2097	Contact: Judith	Phone: 021 012 997 3777	<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)		Analysis Code		<input type="checkbox"/> BLN5 Customs Tariff	
Sender's Reference				<input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT	
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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).					
e-mail / Fax / Proof of Delivery		e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE  DATE 03/05/18	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		Total Mass (Kg)	
01					
		LENGTH (CM)		WIDTH (CM)	
				HEIGHT (CM)	
Goods received in full without damage (unless endorsed)		Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)			
JUDITH		MAK			
Date Received:		Date Received:			
04/05/18		03/05/18			
Time Received:		Time Received:			
1250		1250			
Signature: 		Signature: 