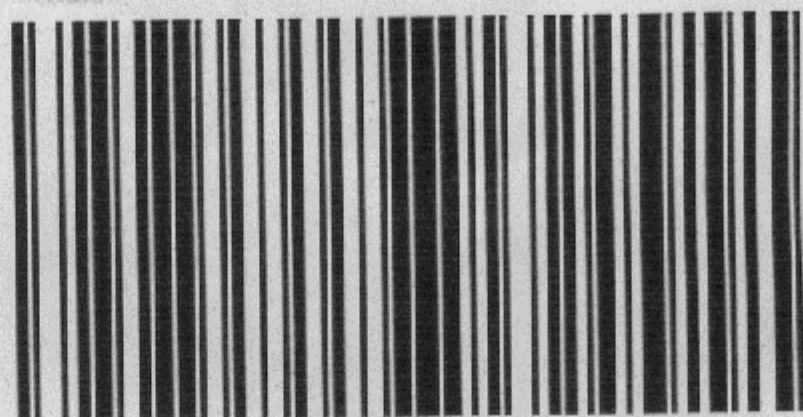


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD26681984

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le Creuset Ballito</u>		Company Name <u>Le Creuset La Lucia</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop 224, Leconara Drive, Ballito Junction</u>		Street Address <u>Shop 3, 90 William Campbell Drive</u>				<input type="checkbox"/> Express	
Suburb <u>Dolphin Coast</u>		Suburb <u>La Lucia Mall</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>Durban</u>		City / Town <u>La Lucia</u>				<input type="checkbox"/> With Saturday Service	
Postal Code <u>A399</u>		Postal Code <u>4051</u>				<input type="checkbox"/> Public Holiday Service	
Contact <u>Sonitho</u>		Contact <u>Atisha / Elizabeth</u>				<input checked="" type="checkbox"/> Economy	
Phone <u>032 004 0138</u>		Phone <u>031 5725045</u>				<input type="checkbox"/> After Hours	
Destination Country		South Africa		Botswana		Lesotho	
		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference <u>U112280712</u>		Analysis Code					
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u>027766</u> Bill To <input type="checkbox"/> Sender 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 14.14 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 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)	
1		BOX					
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<u>Elizabeth</u>				<u>L12W1</u>			
Date Received:		Time Received:		Date Received:		Time Received:	
<u>040518</u>		<u>1355</u>		<u>030518</u>		<u>1419</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

POD COPY

Version Control (08/2017)

BLNS
Customs
Tariff

1. ONLINE

3. EFT

Total Mass (Kg)