

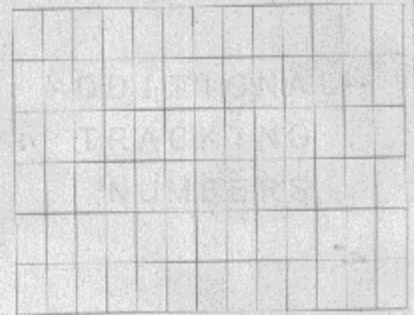
CONTRACT FOR CARRIAGE / DISPATCH NOTE


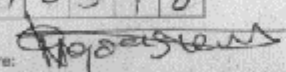


DSV South Africa  
t/a DSV Distribution  
PO Box 63, The Reeds 0081  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213673



SUBBD24860662



Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSET</b>		Company Name <b>Le Creuset</b>				<input type="checkbox"/> Same Day	
Street Address <b>MALL OF AFRICA SHOP 2040</b>		Street Address <b>Shop C1</b>				<input type="checkbox"/> Express	
<b>CNR ALLANDALE &amp; BEN SCHOEEMAN</b>		<b>Cnr HOBART PIROVENOC ROAD</b>				<input type="checkbox"/> With Sunrise Option	
Suburb <b>HIGHWAY - MIDRAND</b>		Suburb <b>BRISTOL</b>				<input type="checkbox"/> With Saturday Service	
City / Town <b>JNB</b> Postal Code <b>2055</b>		City / Town <b>Town Crestburg</b> Postal Code <b>2001</b>				<input type="checkbox"/> Public Holiday Service	
Contact <b>CASSANDA</b>		Contact <b>SEVACIAN</b>				<input checked="" type="checkbox"/> Economy	
Phone <b>011 568 2097</b>		Phone <b>011 568 4708</b>				<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)						<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference <b>UT1 5306131</b>		Analysis Code				<input type="checkbox"/> 1. ONLINE	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>027756</b> Bill To <input checked="" type="checkbox"/> Sender <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.							
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 AUTHORIZED SIGNATURE 		DATE <b>04/05/2018</b>	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
<b>01</b>						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)			
<b>Gontse</b>				<b>MPH</b>			
Date Received:				Date Received:			
<b>070518</b>				<b>030518</b>			
Time Received:				Time Received:			
<b>1300</b>				<b>1330</b>			
Signature: 				Signature: 