

# CONTRACT FOR CARRIAGE / DISPATCH NOTE

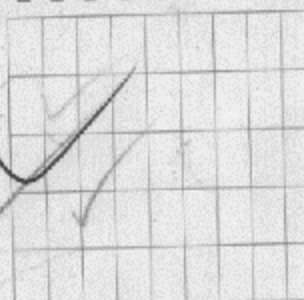


DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reads 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT No. 4880189685



SUBBD27219380

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 WATERFALL</u>		Company Name <u>LE CREUSET TABLE BAY</u>		<input type="checkbox"/> Same Day	
Street Address <u>SHOP 101</u>		Street Address <u>SHOP 9085</u>		<input type="checkbox"/> Express	
<u>1 AUGRABIE AVENUE</u>		<u>TABLE BAY MALL</u>		<input type="checkbox"/> With Sunrise Option	
<u>CAPRIAN EXT 12</u>		<u>CNR R27 and BERKSHIRE BVD</u>		<input type="checkbox"/> With Saturday Service	
Suburb <u>WATERFALL MALL</u>		Suburb <u>BLOUDBERG</u>		<input type="checkbox"/> Public Holiday Service	
City / Town <u>RUSTENBURG</u> Postal Code <u>0259</u>		City / Town <u>CAPE TOWN</u> Postal Code <u>7435</u>		<input type="checkbox"/> Economy	
Contact <u>MANAGER: ERATO</u>		Contact <u>MANAGER: ALHADIA</u>		<input type="checkbox"/> After Hours	
Phone <u>011 337-2279</u>		Phone <u>021 300 3148</u>		<input type="checkbox"/> BLNS Customs Tariff	
Destination Country		Analysis Code		<input type="checkbox"/> 1. ONLINE	
<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)
Sender's Reference <u>TNI 24 CO BUTET</u>				<input type="checkbox"/> 3. EFT	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges <input type="checkbox"/> To Account No. <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.					
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)	HEIGHT (CM)
<input type="checkbox"/> 1			47	39	25
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>A HANIF</u> Date Received: <u>090518</u> Time Received: <u>1130</u>					
Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>LESELO</u> Date Received: <u>070518</u> Time Received: <u>1545</u>					
Signature: <u>[Signature]</u>					

Total Mass (Kg)

2