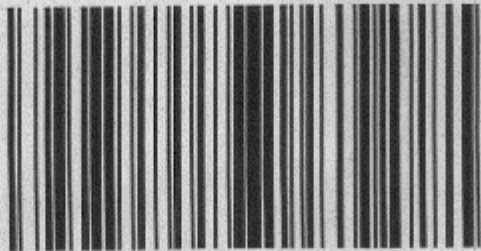


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD28695042

ADDITIONAL
TRACKING
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: LE CREUSET SANDTON		Company Name:		Same Day	
Street Address: SHOP 1339 SANDTON CITY		Street Address: No. 86 Albertina Sisulu Rd		<input checked="" type="checkbox"/> Express	
CNR 5TH & RIVONIA		Cnr 8th Street Beaudenhout Valley Johannesburg		<input type="checkbox"/> With Sunrise Option	
Suburb: SANDTON		Suburb:		<input type="checkbox"/> With Saturday Service	
City / Town: JNB Postal Code: 2193		City / Town: Johannesburg Postal Code:		<input type="checkbox"/> Public Holiday Service	
Contact: KARABO		Contact: Freddy		Economy	
Phone: 011 784 0301		Phone: 074 618 8600 / 079 800 7734		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)				BLNS Customs Tariff	
Sender's Reference: UTII2605478		Analysis Code:		1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS				3. EFT <input type="checkbox"/>	
Tariff Code: 027756		Bill To Sender <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		Total Mass (Kg)	
If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.		SENDER'S AUTHORISED SIGNATURE: <i>[Signature]</i> DATE: 24/05/18			
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)					
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)	
1					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) JOSEPH COLLINS		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) [Signature]			
Date Received: 250518 Time Received: 1005		Date Received: 240518 Time Received: 1300			
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>			

POD COPY

Version Control (01/2018)