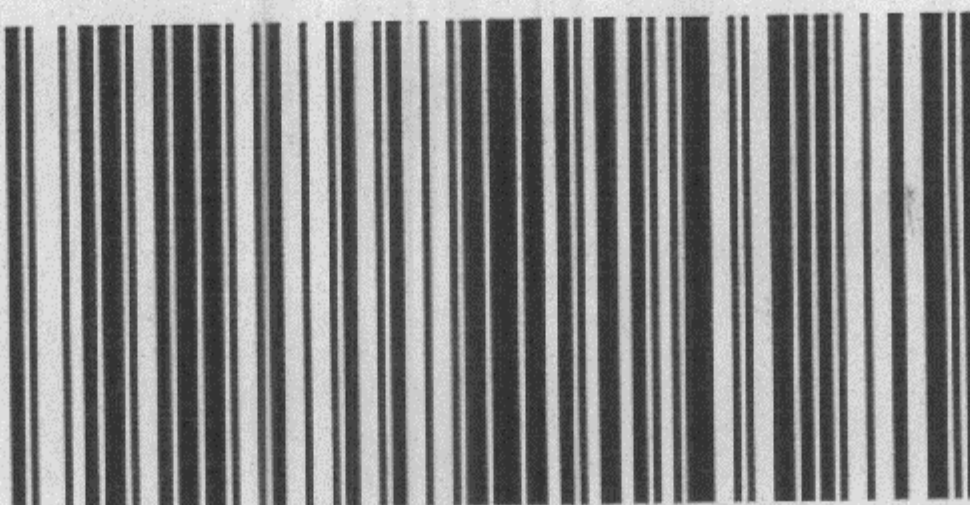


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD28289647

2 2 2 E E E 2 2 2

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET		Company Name le creuset				<input type="checkbox"/> Same Day	
Street Address BROOKLYN MALL SHOP 318 BROOKLYN MALL CNR VAELE & WATERKLOOF ROAD		Street Address Unit 5 Heron Park Olive Goe, Industrial Estate Old Barde vlei Rd Somerset West				<input type="checkbox"/> Express	
Suburb BROOKLYN - PRETORIA		Suburb Somerset West				<input type="checkbox"/> With Sunrise Option	
City / Town PTA	Postal Code 	City / Town Cape Town	Postal Code 7200	Contact Lauren		<input type="checkbox"/> With Saturday Service	
Contact FATIMA		Contact 021 881 7178				<input type="checkbox"/> Public Holiday Service	
Phone 012 346 2840		Phone 				<input checked="" type="checkbox"/> Economy	
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"/> After Hours	
Sender's Reference WHITE BLOCKS		Analysis Code 				<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS Tariff Code 027766 Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) 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 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)	DATE		
1	Box	 	 	 	26/06/2018		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Carmen Date Received: 28/06/18 Time Received: 0915 Signature: OGROUP					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) OGROUP Date Received: 26/06/18 Time Received: 1552 Signature: 		
<div style="float: right; width: 100px; height: 100px; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px);"></div>							