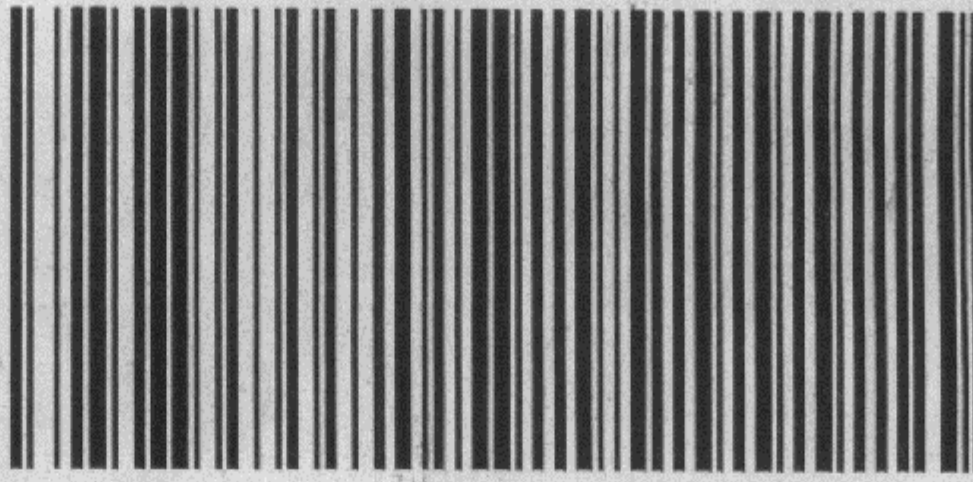


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213873



SUBBD24860666

ADDITIONAL									
TRACKING									
NUMBERS									

<b>Sender's Details</b>		<b>Consignee's Details. Full Street Address Please</b>					<b>Mark Service Required</b>		
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>UNIT 5 HERON PARK OLIVE GROVE BUSINESS PARK THE INTERCHANGE</b>					<input type="checkbox"/> Express		
Suburb <b>HIGHWAY -MIDRAND</b>		Suburb <b>SOMERSET WEST</b>					<input type="checkbox"/> With Sunrise Option		
City / Town <b>JNB</b> Postal Code <b>2066</b>		City / Town <b>CAPE TOWN</b> Postal Code					<input type="checkbox"/> With Saturday Service		
Contact <b>CASSANDA</b>		Contact					<input type="checkbox"/> Public Holiday Service		
Phone <b>011 568 2097</b>		Phone <b>021 851 7178</b>					<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)							<input type="checkbox"/> After Hours		
Sender's Reference		Analysis Code					BLNS Customs Tariff		
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No. <b>027766</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 <input type="checkbox"/>						e-mail Address / Fax Number			
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT (CM)</b>	
[ ]		[ ]		[ ]		[ ]		[ ]	
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>					
Name Of Receiver (PLEASE PRINT CLEARLY) <b>BASIL</b>				Name Of Courier (PLEASE PRINT CLEARLY) <b>[Signature]</b>					
Date Received: <b>170518</b>		Time Received: <b>0858</b>		Date Received: <b>180518</b>		Time Received: <b>0828</b>			
Signature: <b>[Signature]</b>				Signature: <b>[Signature]</b>					

POD COPY

Version Control: (06/2016)

1. ONLINE

3. EFT

Total Mass (Kg)

