

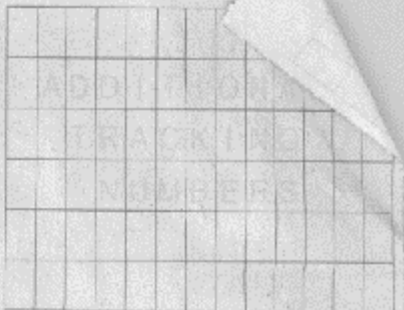
CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
 1/a DSV Distribution
 PO Box 63, The Race, 0061
 Tel (012) 873-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213873



SUBBD25003773



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	CRESTA SHOPPING CENTER BEYERS NAUDE DRIVE CRESTA	Street Address	SHOP 4389 SANDTON CITY 158 5th Street SANDTON EXTENSION			<input type="checkbox"/> Express		
Suburb	RANDBURG	Suburb	SANDTON			<input type="checkbox"/> With Sunrise Option		
City / Town	J.H.B.	City / Town	J.H.B.			<input type="checkbox"/> With Saturday Service		
Contact	011-476-6010	Contact	KAPARU			<input type="checkbox"/> Public Holiday Service		
Phone	FISA	Phone	011-784-0103			<input checked="" type="checkbox"/> Economy		
Destination Country	South Africa	Destination Country	Other (Please Specify)			<input type="checkbox"/> After Hours		
Sender's Reference	UTJ2#69592	Analysis Code					BLNS Customs Tariff	
SPECIAL INSTRUCTIONS								
Bill Charges To Account No	027766	Bill To	<input type="checkbox"/> Sender					
		Consignee	<input type="checkbox"/>					
		Other (Name Please)	<input type="checkbox"/>					
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 12.6 AND 12.7 OVERLEAF).								
SENDER'S AUTHORISED SIGNATURE						DATE		
[Signature]						05/06/2018		
Total Mass (Kg)								
[Blank]								
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)			
X1		Box						
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)				
TEBOGO				PHRATM				
Date Received:		Time Received:		Date Received:		Time Received:		
060618		1028		050618		1354		
Signature: [Signature]				Signature: [Signature]				

POD COPY

Version Control (06/2017)