

CONTRACT FOR CARRIAGE / DISPATCH NOTE


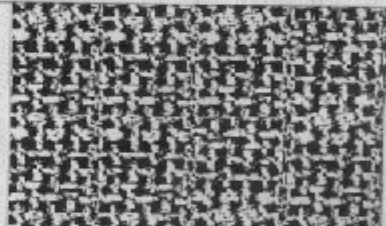
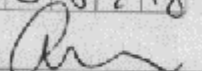



DSV South Africa
 t/a DSV Distribution
 PO Box 83, The Reeds 0061
 Tel: (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213873



SUBBD25003776

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required			
Company Name: LE CREUSET CRESTA		Company Name: LE CREUSET NICOLWAY						<input type="checkbox"/> Some Day			
Street Address: SHOP U 41		Street Address: SHOP L						<input type="checkbox"/> Express			
UPPER LEVEL		NICOLWAY SHOPPING CENTRE						<input type="checkbox"/> With Sunrise Option			
BEYERS NAUDE DR		WILLIAM NICOL DRIVE						<input type="checkbox"/> With Saturday Service			
Suburb: RANDBURG		Suburb: BRYNSTON						<input type="checkbox"/> Public Holiday Service			
City/Town: SHB Postal Code: _____		City/Town: SHB Postal Code: _____						<input checked="" type="checkbox"/> Economy			
Contact: SISA		Contact: ZANELE						<input type="checkbox"/> After Hours			
Phone: 011 476 6010		Phone: 011 706 2198						<input type="checkbox"/> BLNS Customs Tariff			
Destination Country: South Africa		Botswana		Lesotho		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference: UT13359312		Analysis Code: _____						<input type="checkbox"/> 1. ONLINE			
SPECIAL INSTRUCTIONS		Bill Charges To Account No: 027766						<input type="checkbox"/> 3. EFT			
Bill To: <input type="checkbox"/> Sender		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).		 SENDER'S AUTHORISED SIGNATURE						26/06/18 DATE			
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number: _____						Total Mass (Kg)			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)			
1											
Goods received in full without damage (unless endorsed)				Received By DSV							
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)							
Sindi				EPH2ATM							
Date Received: 27/06/18		Time Received: 1041		Date Received: 26/06/18		Time Received: 1051M					
Signature: 				Signature: 							

Version Control (06/2016)