

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD25003829


Sender's Details

Consignee's Details. Full Street Address Please

Company Name: **LE CREUSET CRESTA**  
 Street Address: **SHOP U41**  
**CRESTA SHOPPING CENTRE**  
**BEJERS NAUDE DRIV**  
 Suburb: **CRESTA**  
 City/Town: **JHB** Postal Code: **2195**  
 Contact: **SISA**  
 Phone: **011 476 6010**

Company Name: **LE CREUSET S.A**  
 Street Address: **UNIT 5 HERON PARK**  
**OLIVE GROVE PARK**  
**THE INTERCHANGE**  
 Suburb: **SOMERSET WEST**  
 City/Town: **CAPE TOWN** Postal Code: **7700**  
 Contact: **LAUREN**  
 Phone: **021 851 7178**

- Mark Service Required
- Same Day
- Express
- With Sunrise Option
- With Saturday Service
- Public Holiday Service
- Economy
- After Hours

Destination Country:  South Africa  Botswana  Lesotho  Namibia  Swaziland  Other (Please Specify)

Sender's Reference: **YTI 22 06798**

SPECIAL INSTRUCTIONS

Bill Charges To Account No: **02 7766**

Bill To:  Sender  Consignee  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 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).

*Modlo*  
**SENDER'S AUTHORISED SIGNATURE**      **24-04-18**  
 DATE

- BLNS Customs Tariff
1. ONLINE
3. EFT

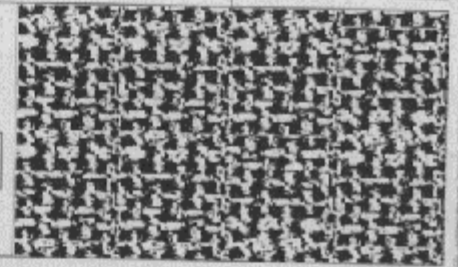
Total Mass (Kg)

e-mail / Fax / Proof of Delivery  e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<b>1</b>	<b>Fluel</b>			

Goods received in full without damage (unless endorsed)  
 Name Of Receiver (PLEASE PRINT CLEARLY): **CARLEW**  
 Date Received: **260418**  
 Time Received: **0910**  
 Signature: *GROUP.*

Received By DSV  
 Name Of Courier (PLEASE PRINT CLEARLY): **EPHRAIM**  
 Date Received: **260418**  
 Time Received: **1504**  
 Signature: *[Signature]*



POD COPY