

CONTRACT FOR CARRIAGE / DISPATCH NOTE



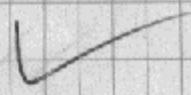
DSV South Africa
 U/a DSV Distribution
 PO Box 83, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2004/016747/07
 VAT Reg. No. 4260213873



SUBBD25003840

ADDITIONAL	TRACKING	NUMBERS

COPIES



Sender's Details Company Name: <u>le-Crauset Cresta</u> Street Address: <u>Shop U41</u> <u>Cresta Shopping</u> <u>Centre Bayers Naude drive</u> Suburb: <u>Cresta Randburg</u> City/Town: <u>JHB</u> Postal Code: <u> </u> Contact: <u>SISA</u> Phone: <u>011 760 6010</u>		Consignee's Details. Full Street Address Please Company Name: <u>leCrauset</u> Street Address: <u>Unit 5 Heron Park</u> <u>Olive Grove Industrial Estate</u> <u>old Paardevlei Road</u> Suburb: <u>Somerset West</u> City/Town: <u>Cape town</u> Postal Code: <u> </u> Contact: <u>Jenna</u> Phone: <u>021 851 7178</u>		Mark Service Required <input type="checkbox"/> Same Day <input checked="" type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff
Destination Country: <u>South Africa</u> Botswana Lesotho Namibia Swaziland Other (Please Specify)		Sender's Reference: <u>UT11123544</u> Analysis Code: <u> </u>		
SPECIAL INSTRUCTIONS Bill Charges To Account No: <u>027766</u> 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 12.6, 12.6 AND 12.7 OVERLEAF).				
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE: <u>[Signature]</u> DATE: <u>09/03/2016</u>		
Total Parcels: <u>1</u>	NO. OF PARCELS PER DIMENSIONS: <u>Fliter</u> <u>UT11123544</u>	LENGTH (CM): <u> </u>	WIDTH (CM): <u> </u>	HEIGHT (CM): <u> </u>
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>JENNA</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u>PPH R A T M</u>		
Date Received: <u>04 03 18</u> Time Received: <u>10 12</u>		Date Received: <u>08 03 18</u> Time Received: <u>16 58</u>		
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>		

POD COPY

Version Correct (05/2016)