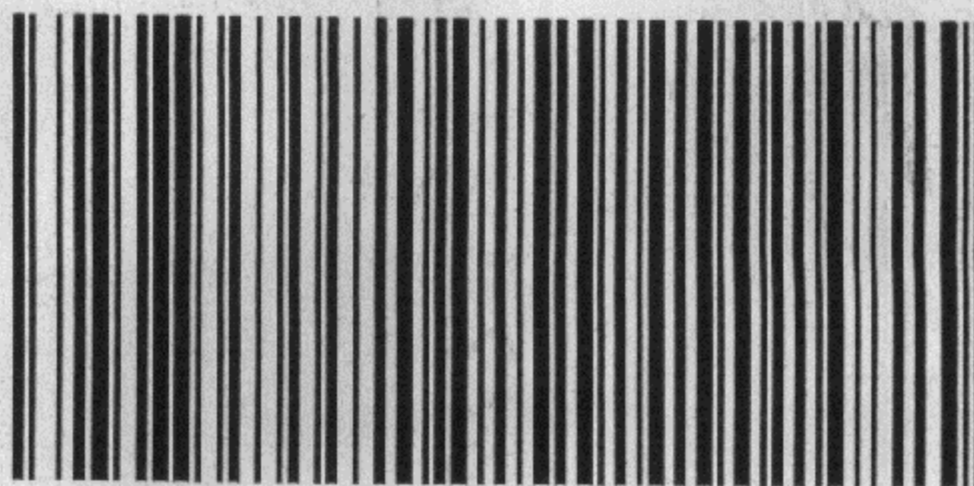


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD25463693


<b>Sender's Details</b>				<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>			
Company Name <b>LE CREUSET BOUTIQUE STO</b>				Company Name <b>LE CREUSET - TABLE BAY</b>				<input type="checkbox"/> Same Day			
Street Address <b>SHOP 176 CANAL WALK SHOP.CNTR LOWER GROUND LEVEL</b>				Street Address <b>SHOP G086, CNR OF R27 AND BELKSHIRE BLVD</b>				<input type="checkbox"/> Express			
Suburb <b>CENTURY CITY</b>				Suburb <b>TABLE BAY</b>				<input type="checkbox"/> With Sunrise Option			
City / Town <b>CPT</b>		Postal Code <b>7441</b>		City / Town <b>1436 CPT.</b>		Postal Code <b>7436</b>		<input type="checkbox"/> With Saturday Service			
Contact <b>LIZE MARIE</b>		Contact <b>ALHADIA</b>		Contact <b>ALHADIA</b>		Contact <b>ALHADIA</b>		<input type="checkbox"/> Public Holiday Service			
Phone <b>021 551 0225</b>				Phone <b>021 3003148</b>				<input checked="" type="checkbox"/> Economy			
Destination Country		South Africa		Lesotho		Namibia		<input type="checkbox"/> After Hours			
Botswana		Swaziland		Other		(Please Specify)		<input type="checkbox"/> BLNS Customs Tariff			
Sender's Reference <b>UT19632873</b>				Analysis Code							
<b>SPECIAL INSTRUCTIONS</b>											
Bill Charges To Account No. <b>027766</b>		Bill To <input checked="" type="checkbox"/> Consignee		Other (Name Please)							
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>			
1											
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>LILLY</b>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>ZAYUAN</b>							
Date Received: <b>29/12/17</b>		Time Received: <b>0935</b>		Date Received: <b>28/12/17</b>		Time Received: <b>1415</b>					
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>							

1. ONLINE

3. EFT

Total Mass (Kg)

h  
m  
g

POD COPY

Version Control (06/2016)