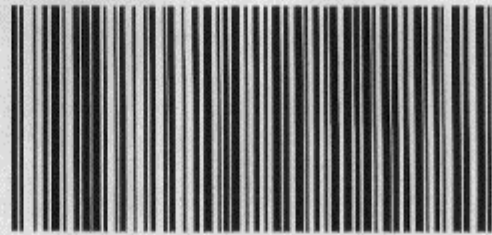


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
 t/a DSV Distribution
 PO Box 83, The Reids 0081
 Tel (012) 673-2000
 Reg. No. 2004/016747/07
 VAT Reg. No. 4280213673



SUBBD25463706

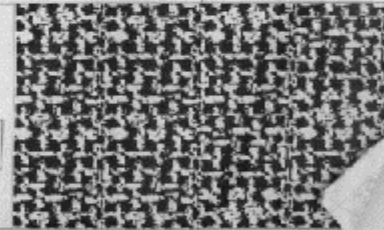
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| Sender's Details | | Consignee's Details. Full Street Address Please | | | | | | Mark Service Required | |
|--|--|--|--|---|--|-------------------------------------|--|---|--|
| Company Name: LE CREUSET BOUTIQUE STO | | Company Name: Le Creuset Nicolway | | | | | | <input type="checkbox"/> Same Day | |
| Street Address: SHOP 20B GARDENS CENTRE BUITENKANT STREET | | Street Address: Shop L21 Nicolway Shopping Centre William Nicol drive | | | | | | <input type="checkbox"/> Express | |
| Suburb: GARDENS | | Suburb: Bryanston | | | | | | <input type="checkbox"/> With Sunrise Option | |
| City / Town: CPT LAURENCIA FITCHE Postal Code: 8001 | | City / Town: Johannesburg Postal Code: 2011 | | | | | | <input type="checkbox"/> With Saturday Service | |
| Contact: 021 462 7277 | | Contact: Zandile | | | | | | <input type="checkbox"/> Public Holiday Service | |
| Phone: 021 462 7277 | | Phone: 011 706 2198 | | | | | | <input checked="" type="checkbox"/> Economy | |
| Destination Country: South Africa | | Destination Country: South Africa | | | | | | <input type="checkbox"/> After Hours | |
| Sender's Reference: UT1 9842262 | | Analysis Code: | | | | | | <input type="checkbox"/> BLNS Customs Tariff | |
| SPECIAL INSTRUCTIONS | | | | | | | | | |
| Bill Charges To Account No. 027766 | | Bill To <input type="checkbox"/> Sender | | <input checked="" type="checkbox"/> Consignee | | Other (Name Please) | | <input type="checkbox"/> 1. ONLINE | |
| 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 12.6 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, 12.5 AND 12.7 OVERLEAF). | | | | | | | | | |
| e-mail / Fax / Proof of Delivery | | | | | | e-mail Address / Fax Number | | <input type="checkbox"/> 3. EFT | |
| Total Parcels | | NO. OF PARCELS PER DIMENSIONS | | LENGTH (CM) | | WIDTH (CM) | | HEIGHT (CM) | |
| 1 | | 1 | | 1 | | 1 | | 1 | |
| Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Sindi | | | | | Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Dulha | | | | |
| Date Received: 27/02/18 | | | | | Date Received: 23/02/18 | | | | |
| Time Received: 11:22 AM | | | | | Time Received: 1:55 PM | | | | |
| Signature: <i>[Signature]</i> | | | | | Signature: <i>[Signature]</i> | | | | |

POD COPY

23/02/2018

Total Mass (Kg)



Version Control (DSV0046)