

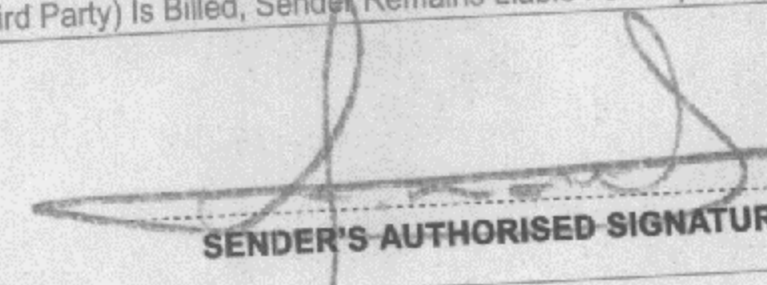
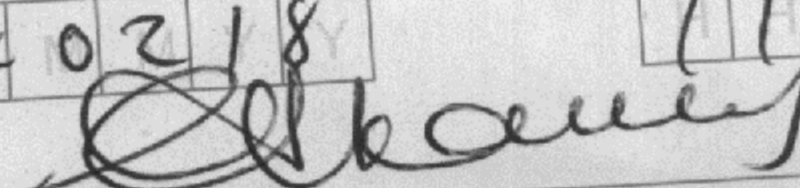
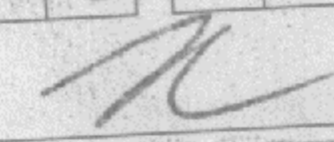
CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD25463709

Sender's Details Company Name: LE CREUSET BOUTIQUE STORE Street Address: SHOP 20B GARDENS CENTRE BUITENKANT STREET GARDENS Suburb: GARDENS City / Town: CPT LAURENCIA FITCHE Postal Code: 8001 Contact: 021 462 7277		Consignee's Details. Full Street Address Please Company Name: Le Creuset Boutique Store Street Address: Shop 15 Constantia Main Road and Spannechemacht Road Constantia Suburb: The Constantia Village Postal Code: 7800 City / Town: CPT Contact: Nicole Phone: 021 794 3615				Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff	
Destination Country: South Africa		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/>		Analysis Code: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Sender's Reference: 4T10571548							
SPECIAL INSTRUCTIONS Bill Charges To Account No.: 027766 Bill To: <input checked="" type="checkbox"/> Sender <input type="checkbox"/> 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).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORIZED SIGNATURE:  DATE: 13.02.2018			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)			
<input type="text" value="1"/>		<input type="text"/>		<input type="text"/>			
HEIGHT (CM)		WIDTH (CM)		Total Mass (Kg)			
<input type="text"/>		<input type="text"/>		<input type="text"/>			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): GARNETTE Date Received: 14/02/18 Time Received: 11:38 Signature: 							
Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): JULIA Date Received: 13/02/18 Time Received: 11:58 Signature: 							

POD COPY

Sign Control (06/2016)