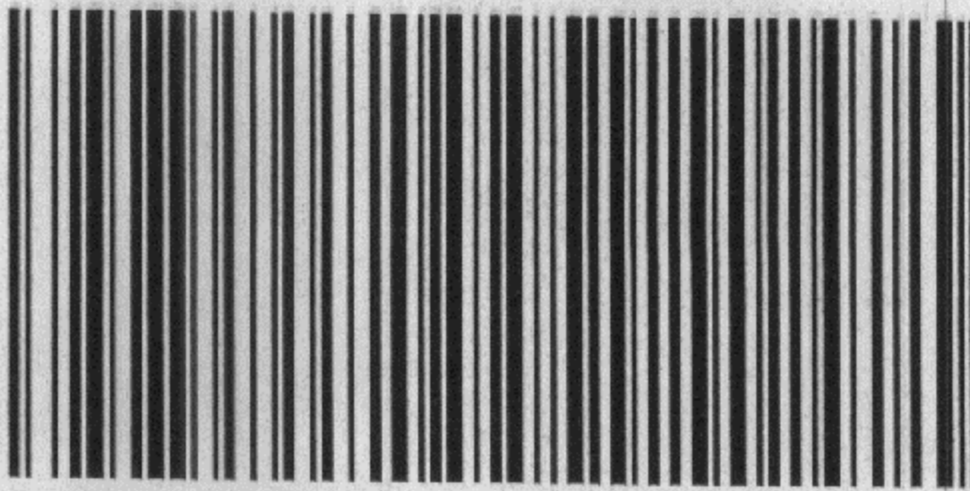


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD25508693

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required	
Company Name LE CREUSET BOUTIQUE STORE		Company Name Le Creuset Tygervalley					<input type="checkbox"/> Same Day	
Street Address SHOP 30 WATERSTONE VILLAGE S.V		Street Address Shop 513 Upper level Tygervalley Shopping Centre					<input checked="" type="checkbox"/> Express	
CNR R44 & MAIN RD		Bill Bezuidenhout Rd					<input type="checkbox"/> With Sunrise Option	
Suburb SOMERSET WEST		Bellville					<input type="checkbox"/> With Saturday Service	
City / Town CPT Postal Code		City / Town Cape Town Postal Code 7530					<input type="checkbox"/> Public Holiday Service	
Contact ELIZE DU PLESSIS		Contact Lize-maria					<input checked="" type="checkbox"/> Economy	
Phone 021 851 1982		Phone 021 914 7053					<input type="checkbox"/> After Hours	
Destination Country		South Africa <input checked="" type="checkbox"/> Botswana Lesotho Namibia Swaziland Other (Please Specify)					<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference UT119962268		Analysis Code					<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS		Bill Charges To Account No. 027766 Bill To <input type="checkbox"/> Sender <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>					<input type="checkbox"/> 3. EFT	
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).		De Moani					18/01/2018	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE					DATE	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		
<input type="text" value="1"/>						HEIGHT (CM)		
Goods received in full without damage (unless endorsed)				Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)				
STEPHANIE				JYRONE				
Date Received:		Time Received:		Date Received:		Time Received:		
090118		1240		180118		1553		
Signature: [Signature]				Signature: [Signature]				

Version Control (06/2016)

