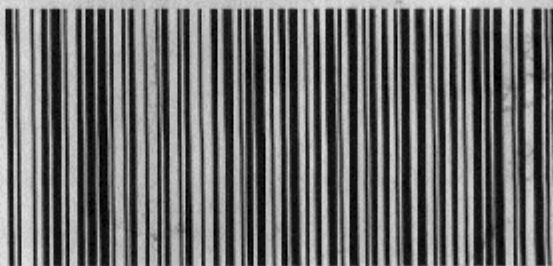


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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. 4260213673

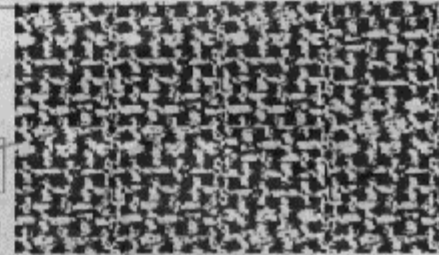


SUBBD25569394

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <u>Le Creuset Gardens</u>		Company Name: <u>Le Creuset Tyger Valley</u>				<input type="checkbox"/> Same Day	
Street Address: <u>Shop 203</u>		Street Address: <u>Shop 613</u>				<input type="checkbox"/> Express	
<u>Gardens Shopping Center</u>		<u>Upper level, Bill Bezuidenhout Road</u>				<input type="checkbox"/> With Sunrise Option	
<u>Chr Mill and Lourenkoff Street</u>		<u>Tyger Valley Centre</u>				<input type="checkbox"/> With Saturday Service	
Suburb: <u>Gardens</u>		Suburb: <u>Tyger Valley</u>				<input type="checkbox"/> Public Holiday Service	
City / Town: <u>Cape Town</u> Postal Code: <u>8001</u>		City / Town: <u>Cape Town</u> Postal Code: <u>7530</u>				<input checked="" type="checkbox"/> Economy	
Contact: <u>Laurencia</u>		Contact: <u>Lize-Mare</u>				<input type="checkbox"/> After Hours	
Phone: <u>021 462 7277</u>		Phone: <u>021 914 7053</u>				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country: <u>South Africa</u>		(Please Specify)				<input type="checkbox"/> 1. ONLINE	
Sender's Reference: <u>UTI1590573</u>		Analysis Code				<input type="checkbox"/> 3. EFT	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No: <u>27766</u>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>	
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	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
1							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>STEPHANIE</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>LUKIA</u>			
Date Received: <u>27 03 18</u>		Time Received: <u>1445</u>		Date Received: <u>26 03 18</u>		Time Received: <u>1335</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

POD COPY

Version Centre: (09/2016)



Total Mass (Kg)