

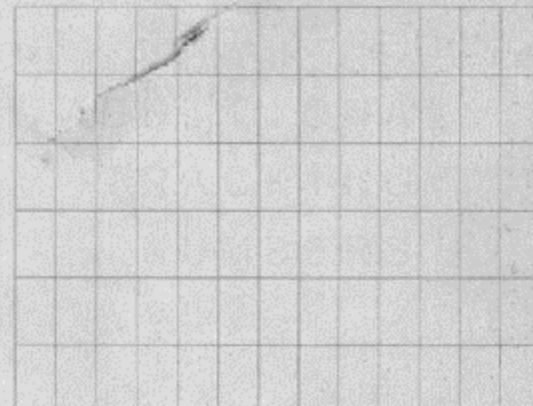
CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD25569396



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 Cavendish</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop 305 Gardens shopping center cor Mill & Bulelani street Gardens</u>		Street Address <u>Shop 481 Lower ground floor clarendon</u>				<input type="checkbox"/> Express	
Suburb <u>Gardens</u>		Suburb <u>Cavendish Square Mall</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>CPT</u> Postal Code <u>800</u>		City / Town <u>CPT</u> Postal Code <u>7708</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>Laurenzia</u>		Contact <u>Zaahirah</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>021 462 777</u>		Phone <u>021 671 9550</u>				<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa		Botswana		<input type="checkbox"/> After Hours	
		Lesotho		Namibia		BLNS Customs Tariff	
		Swaziland		Other (Please Specify)			
Sender's Reference <u>UT12538570</u>		Analysis Code					
SPECIAL INSTRUCTIONS							
Bill Charges To Account No.		Bill To Sender <input type="checkbox"/>		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).							
				SENDER'S AUTHORISED SIGNATURE		DATE <u>21/05/2018</u>	
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)	
						HEIGHT (CM)	
<u>1</u>							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Zeenette</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>Hand</u>			
Date Received: <u>220518</u>		Time Received: <u>1215</u>		Date Received: <u>21.05/18</u>		Time Received: <u>13/5</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			
Total Mass (Kg)							

POD COPY