

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
t/a DSV Distribution  
PO Box 53, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213873



SUBBD25926690


<b>Sender's Details</b> Company Name: LE CREUSET MALL OF AFRI Street Address: SHOP 2040 CNR ALLANDALE & BEN SCHOEMAN HIGHWAY Suburb: WATERFALL ESTATE City/Town: JNB Postal Code: 2066 Contact: PHINDILE KHANGALE Phone: 011 568 2097		<b>Consignee's Details. Full Street Address Please</b> Company Name: LE CREUSET KILLARNEY MALL Street Address: SHOP 100 KILLARNEY MALL 60 RIVIERA ROAD Suburb: KILLARNEY City/Town: DANNESBURG Postal Code: Contact: FUNDI Phone: 011 646 6316				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
Destination Country: <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)		Analysis Code: Sender's Reference: <b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No: 027766 Bill To: <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.				BLNS Customs Tariff 1. ONLINE <input type="checkbox"/> 3. EFT <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: <i>[Signature]</i>		DATE: 11/07/2008		Total Mass (Kg)
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		Total Parcels: 1 NO. OF PARCELS PER DIMENSIONS      LENGTH (CM)      WIDTH (CM)      HEIGHT (CM)				
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): FUNDI Date Received: 12/07/08 Time Received: 1416 Signature: <i>[Signature]</i>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <i>[Signature]</i> Date Received: 11/07/08 Time Received: 1101 Signature: <i>[Signature]</i>				

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Version Control (b/c/c016)