

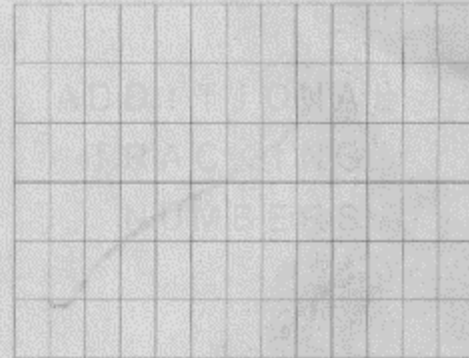
CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD25926697



Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: LE CREUSET MALL OF AFRI		Company Name: LE CREUSET				<input type="checkbox"/> Same Day	
Street Address: SHOP 2040 CNR ALLANDALE & BEN SCHOEMAN HIGHWAY		Street Address: UNIT 5 HERON PARK OLIVE GROVE IND. ESTATE OLD PARDEVLIEI ROAD				<input checked="" type="checkbox"/> Express	
Suburb: WATERFALL ESTATE		Suburb: SOMERSET WEST				<input type="checkbox"/> With Sunrise Option	
City / Town: JNB Postal Code: 2066		City / Town: CAPE TOWN Postal Code: 7130				<input type="checkbox"/> With Saturday Service	
Contact: PHINDILE KHANGALE Phone: 011 568 2097		Contact: VICKY Phone: 021 851 7178				<input type="checkbox"/> Public Holiday Service	
Destination Country: <input checked="" type="checkbox"/> South Africa		Other: (Please Specify)				<input type="checkbox"/> Economy	
Sender's Reference: HT13141263		Analysis Code: [] [] [] [] [] [] [] [] [] []				<input type="checkbox"/> After Hours	
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) [] 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			
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)	
/		FLYER					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) NACHU				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) LOUW			
Date Received: 180618		Time Received: 0844		Date Received: 180618		Time Received: 1420	
Signature: [Signature]				Signature: [Signature]			

POD COPY

Version Control (05/2016)