

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
t/a DSV Distribution  
PO Box 63, The Reads 0051  
Tel (012) 673-2000  
Reg. No. 2034/015747/07  
VAT Reg. No. 4260213879



SUBBD26308798



Sender's Details

Consignee's Details. Full Street Address Please

Mark Service Required

Company Name **LE CREUSET**  
Street Address **MALL OF AFRICA SHOP 204 ALLENDALE & BEN SCHOEMAN HIGHWAY WATERFALL ESTATE**  
Suburb **JOHANNESBURG**  
City/Town **JNB** Postal Code **7620**  
Contact **PHINDILE KHANGALE**  
Phone **011 568 2097**

Company Name **LE CREUSET**  
Street Address **SHOP 71 LIPPER MALL HYDE PARK CORNER c/o JAY SMUTS 9 6TH AVE**  
Suburb **HYDE PARK**  
City/Town **GAITHERG** Postal Code **2196**  
Contact **PATRICIA**  
Phone **011 325 5606**

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

1. ONLINE

3. EFT

Total Mass (Kg)

Destination Country  South Africa  Botswana  Lesotho  Namibia  Swaziland  Other (Please Specify)

Sender's Reference **UT 12732707**

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **027766** Bill To  Sender  Consignee  Other (Name Please)

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 12.3, 12.6 AND 12.7 OVERLEAF).

*[Signature]*  
SENDER'S AUTHORISED SIGNATURE

**01/08/18**  
DATE

e-mail / Fax / Proof of Delivery  e-mail / Address / Fax Number

Total Parcels

| NO. OF PARCELS PER DIMENSIONS | LENGTH (CM) | WIDTH (CM) | HEIGHT (CM) |
|-------------------------------|-------------|------------|-------------|
| <b>1 SMALL BOX</b>            |             |            |             |

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY) **REFILWE**

Date Received: **040618** Time Received: **1336**

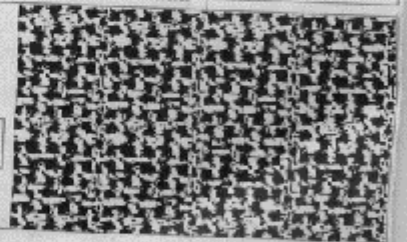
Signature: *[Signature]*

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY) **MASHORO**

Date Received: **010618** Time Received: **1530**

Signature: *[Signature]*



POD COPY