

CONTRACT FOR CARRIAGE / DISPATCH NOTE



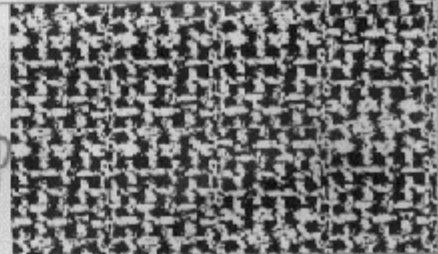
DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/016747/07
VAT Reg. No. 4260213873



SUBBD26324343

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name <u>LE CREUSET</u>		Company Name <u>LE CREUSET</u>				<input type="checkbox"/> Same Day
Street Address <u>SHOP L21 NICOLWAY SHOPPING CENTRE, WILLIAM NICOL DRIVE</u>		Street Address <u>UNIT 5 HERON PARK OLIVE GROVE BUSINESS PARK</u>				<input checked="" type="checkbox"/> Express
Suburb <u>BRYANSTON</u>		Suburb <u>SOMERSET WEST</u>				<input type="checkbox"/> With Sunrise Option
City / Town <u>JHB</u>	Postal Code <u>2191</u>	City / Town <u>CAPE TOWN</u>	Postal Code <u>7134</u>			<input type="checkbox"/> With Saturday Service
Contact <u>011 706 1198</u>		Contact <u>LISA</u>				<input type="checkbox"/> Public Holiday Service
Phone <u>011 706 1198</u>		Phone <u>071 852 7944</u>				<input checked="" type="checkbox"/> After Hours
Destination Country		Destination Country				<input type="checkbox"/> BLNS Customs Tariff
<input 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				<input type="checkbox"/> 1. ONLINE
Sender's Reference		Analysis Code				<input type="checkbox"/> 3. EFT
SPECIAL INSTRUCTIONS						
Bill Charges To Account No.		Bill To <input type="checkbox"/> Sender Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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)
↓						
Goods received in full without damage (unless endorsed)			Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)			Name Of Courier (PLEASE PRINT CLEARLY)			
<u>Musal</u>			<u>Collin</u>			
Date Received:		Time Received:		Date Received:		Time Received:
<u>080118</u>		<u>08145</u>		<u>080118</u>		<u>1500</u>
Signature: <u>[Signature]</u>			Signature: <u>[Signature]</u>			



Version Control (06/2016)