


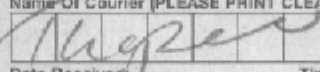
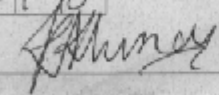

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PC Box 53, The Reeds 0061
Tel: (012) 673-2000
Reg. No. 2004/01574707
VAT Reg. No. 4260213873



SUBBD26508530

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required	
Company Name <u>LE CREUSET SA</u>		Company Name <u>LE CREUSET</u>					<input type="checkbox"/> Same Day	
Street Address <u>SHOP 267 WOODLANDS BOULEVARD, CAR GARS-FONTEIN 3 DE VILLEBOIS 3</u>		Street Address <u>SHOP 12 MANLYN MAINE JANUARY MASILEH 3 AMARAND DRIVE</u>					<input type="checkbox"/> Express	
Suburb <u>MORELETA PARK</u>		Suburb <u>WATERKLOOF EYT 2</u>					<input type="checkbox"/> With Sunrise Option	
City/Town <u>PRETORIA</u> Postal Code <u>0002</u>		City/Town <u>PRETORIA</u> Postal Code <u>0108</u>					<input type="checkbox"/> With Saturday Service	
Contact <u>MARISKA</u>		Contact <u>TOM</u>					<input checked="" type="checkbox"/> Economy	
Phone <u>012 997 3777</u>		Phone <u>012 004 0082</u>					<input type="checkbox"/> Public Holiday Service	
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)							<input type="checkbox"/> After Hours	
Sender's Reference <u>UTI 4044604</u>		Analysis Code					BLNS Customs Tariff	
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u>027766</u> Bill To <input type="checkbox"/> Sender <input type="checkbox"/> 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).								
SENDER'S AUTHORISED SIGNATURE 						DATE <u>31/07/18</u>		
1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>								
Total Mass (Kg)								
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number								
Total Parcels NO. OF PARCELS PER DIMENSIONS <u>1</u> <u>1 BOX</u>		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>RORISANG</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) 				
Date Received: <u>010818</u>		Time Received: <u>1203</u>		Date Received: <u>210718</u>		Time Received: <u>16</u>		
Signature: 				Signature: 				

POD COPY

Wideman Contract 108/2018

