

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
 t/a DSV Distribution
 PO Box 63, The Reeds 0031
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213873



SUBBD26508693

Sender's Details		Consignee's Details. Full Street Address Please					
Company Name: <u>Le creuset Woodland</u>		Company Name: <u>De creuset SANDTON</u>					
Street Address: <u>Shop 276 Woodland Boulevard, Chr Garstkie & De villebois</u>		Street Address: <u>Shop L339, Sandton City, 158 5th Street Sandton Extension 3</u>					
Suburb: <u>Moralebo</u>		Suburb: _____					
City/Town: <u>Pretoria</u> Postal Code: <u>0002</u>		City/Town: <u>J.H.B.</u> Postal Code: _____					
Contact: <u>mariska</u>		Contact: <u>Karebo</u>					
Phone: <u>018 997 3777</u>		Phone: <u>011 784 0301</u>					
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)			
Sender's Reference: <u>UTI9744746</u>		Analysis Code: _____					

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"/> EcoArmy
<input type="checkbox"/> After Hours
BLNS Customs Tariff

SPECIAL INSTRUCTIONS

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

If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.

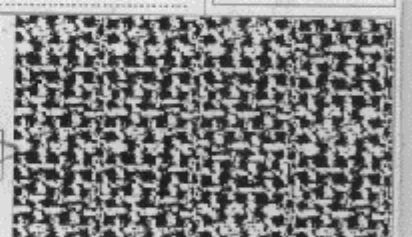
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 12.4 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 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).

SENDER'S AUTHORIZED SIGNATURE: _____ DATE: 07/10/15

<input type="checkbox"/> 1. ONLINE
<input type="checkbox"/> 3. EFT
Total Mass (Kg)

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<u>1</u>	<u>32</u>			

Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>TEBOGO</u> Date Received: <u>100118</u> Time Received: <u>1017</u> Signature: <u>[Signature]</u>	Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u>[Signature]</u> Date Received: <u>090118</u> Time Received: <u>1720</u> Signature: <u>[Signature]</u>
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POD COPY

Version Control (mandatory)