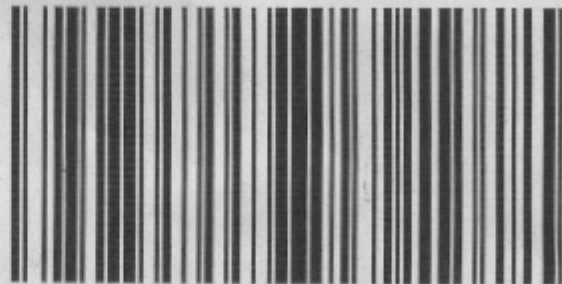


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT. No. 4880189685



SUBBD26681258


POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Mekelokomps</u>		Company Name <u>Le Creuset</u>				<input type="checkbox"/> Same Day	
Street Address <u>3 Union Street</u> <u>Waterfront Drive</u> <u>Knysna</u>		Street Address <u>Unit 5 Heron Parc</u> <u>Olwe Grove Industrial Estate</u> <u>The Interchange Somerset</u> <u>CPT</u>				<input type="checkbox"/> Express	
Suburb		Suburb				<input type="checkbox"/> With Sunrise Option	
City / Town <input type="text"/> Postal Code <u>6571</u>		City / Town <input type="text"/> Postal Code				<input type="checkbox"/> With Saturday Service	
Contact <u>Linda</u>		Contact <u>Loren Allen</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>044 3820274</u>		Phone <u>021 851 7178</u>				<input type="checkbox"/> Economy	
Destination Country		(Please Specify)				<input type="checkbox"/> After Hours	
South Africa		Botswana				<input type="checkbox"/> BLNS Customs Tariff	
Lesotho		Namibia				<input type="checkbox"/> 1. ONLINE <input type="checkbox"/>	
Swaziland		Other				<input type="checkbox"/> 3. EFT <input type="checkbox"/>	
Sender's Reference		Analysis Code				Total Mass (Kg)	

**SPECIAL INSTRUCTIONS**

Bill Charges To Account No.  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 14.14 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 14.5 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 14.5, 14.6 AND 14.7 OVERLEAF).

*[Signature]* 10/12/18  
SENDER'S AUTHORISED SIGNATURE 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)
<input type="text" value="1"/>	<u>Box</u>			

Goods received in full without damage (unless endorsed)  
Name Of Receiver (PLEASE PRINT CLEARLY)  
LAUREN

Date Received: 1.12.18 Time Received: 1:31

Signature: *[Signature]*

Received By DSV  
Name Of Courier (PLEASE PRINT CLEARLY)  
Chadley

Date Received: 10.12.18 Time Received: 10:28

Signature: *[Signature]*

