

CONTRACT FOR CARRIAGE / DISPATCH NOTE

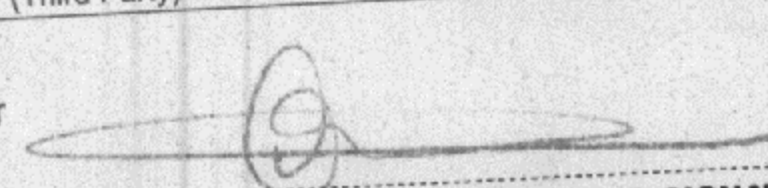
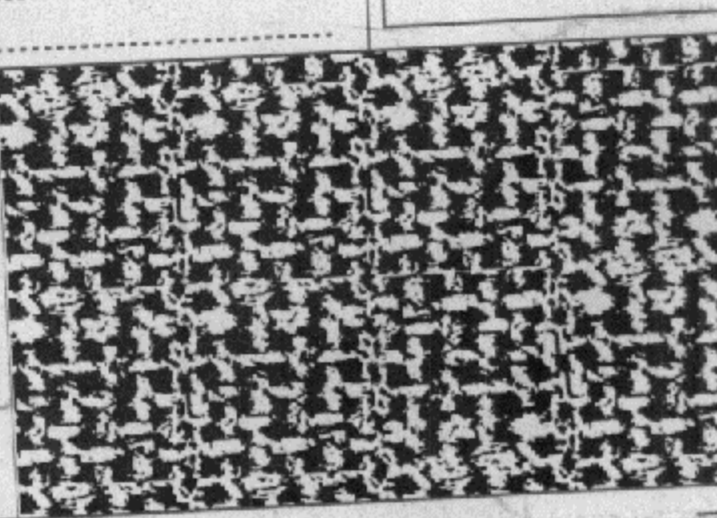


DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



SUBBD26760650

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET SHOP UM30A		Company Name Le creuset				<input type="checkbox"/> Same Day	
Street Address CLEARWATER MALL CHRISTIAN DE WET ROAD		Street Address Unit 5 Heron Park Old Paardevlei Road Olive Grove Park				<input type="checkbox"/> Express	
Suburb JOHANNESBURG		Suburb Somerset West				<input type="checkbox"/> With Sunrise Option	
City / Town JNB Postal Code 2001		City / Town Cape Town Postal Code 8001				<input type="checkbox"/> With Saturday Service	
Contact LISA		Contact Lauren				<input type="checkbox"/> Public Holiday Service	
Phone 011 475 1202		Phone 021 851 7178				<input checked="" type="checkbox"/> Economy	
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		Analysis Code				<input type="checkbox"/> After Hours	
Sender's Reference UT12354169						<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)				<input type="checkbox"/> 1. ONLINE <input type="checkbox"/>	
Bill Charges To Account No. 027766		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.				<input type="checkbox"/> 3. EFT <input type="checkbox"/>	
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).		 SENDER'S AUTHORISED SIGNATURE				DATE 08-05-18	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number						Total Mass (Kg)	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
<input type="checkbox"/>							
<input checked="" type="checkbox"/>							
Goods received in full without damage (unless endorsed)		Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)					
Date Received:		Date Received:		Time Received:			
Signature:		Signature:					

POD COPY

Version Control: 08/2017