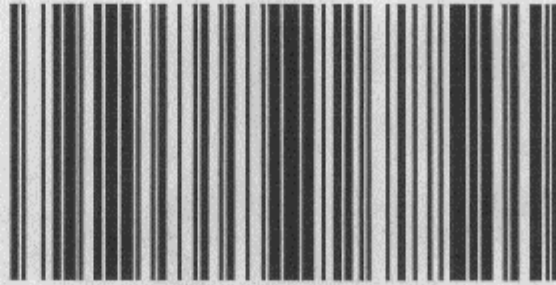


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD26760682

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		Street Address: UNIT 5 HERON PARK						<input type="checkbox"/> Express	
Street Address: CHRISTIAN DE WET ROAD		Street Address: OLIVE GROOVE INDUSTRIAL ESTATE						<input type="checkbox"/> With Sunrise Option	
Suburb: JOHANNESBURG		Suburb: SOMERSET WEST						<input type="checkbox"/> With Saturday Service	
City / Town: JNB Postal Code: 2001		City / Town: CAPETOWN Postal Code: 7200						<input type="checkbox"/> Public Holiday Service	
Contact: LISA		Contact: JENNA						<input checked="" type="checkbox"/> Economy	
Phone: 011 475 1202		Phone: 021 251 7178						<input type="checkbox"/> After Hours	
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)	<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference: UT11487879		Analysis Code						<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.						<input type="checkbox"/> 3. EFT	
Bill Charges To Account No. 027766		Bill To: <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		Total Mass (Kg)	
<p>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).</p>									
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)	
<input type="checkbox"/>									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)				
EIV/NO					EIV				
Date Received: 220318					Date Received: 200318				
Time Received: 7015					Time Received: 1416				
Signature:					Signature:				

POD COPY

Version Control (03/2017)