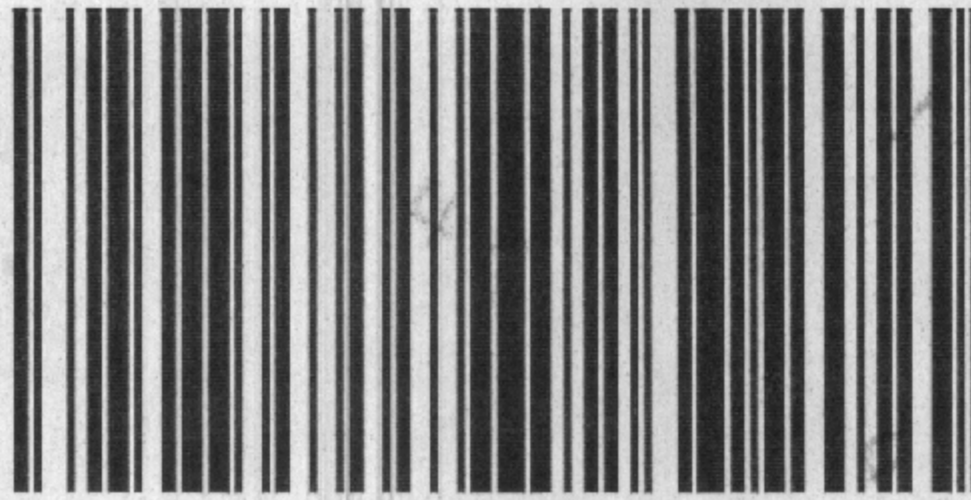


**CONTRACT FOR CARRIAGE / DISPATCH NOTE**



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



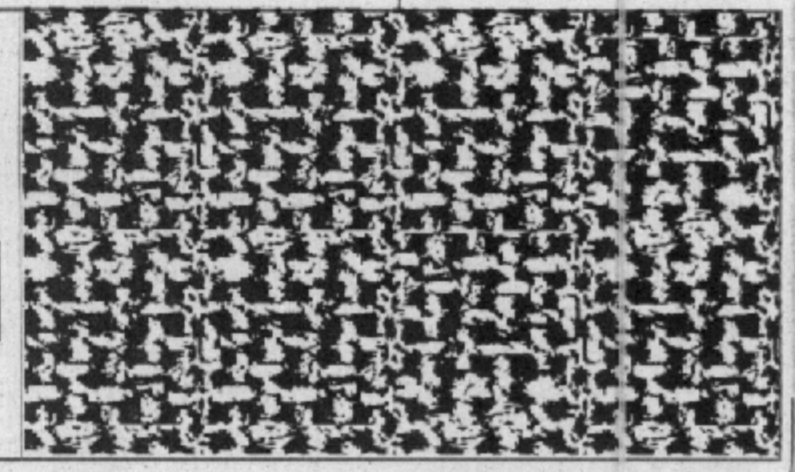
SUBBD26769045

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>Le Creuset</b>		Company Name <b>LE CREUSET OPT</b>				<input checked="" type="checkbox"/> Same Day	
Street Address <b>90 William Cambell drive, shg</b>		Street Address <b>UNIT 01, HERON PARK</b>				<input checked="" type="checkbox"/> Express	
<b>La Lucia</b>		<b>OLIVE GROVE IND ESTATE</b>				<input type="checkbox"/> With Sunrise Option	
<b>Umhlanga</b>		<b>OLD PAARDEWIJ ROAD</b>				<input type="checkbox"/> With Saturday Service	
Suburb		Suburb <b>SOMERSET WEST</b>				<input type="checkbox"/> Public Holiday Service	
City / Town <b>DUR</b> Postal Code <b>4000</b>		City / Town <b>CAPE TOWN</b> Postal Code <b>8000</b>				<input type="checkbox"/> Economy	
Contact <b>Bill McIntosh/Marion</b>		Contact <b>VICKY</b>				<input type="checkbox"/> After Hours	
Phone <b>031-5725045</b>		Phone <b>021 8517178</b>				BLNS Customs Tariff	
Destination Country		South Africa		Botswana		Lesotho	
		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference <b>UT14687191</b>		Analysis Code				1. ONLINE <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No.		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <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 <b>17/09/2018</b>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number					
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>	
<b>1</b>		<b>FIYER.</b>					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)			
<b>Cerisa Venter</b>				<b>MATHEW</b>			
Date Received:		Time Received:		Date Received:		Time Received:	
<b>180918</b>		<b>0943</b>		<b>170918</b>		<b>1424</b>	
Signature: <b>CAVenter</b>				Signature:			

POD COPY

Version Control (08/2017)



Total Mass (Kg)