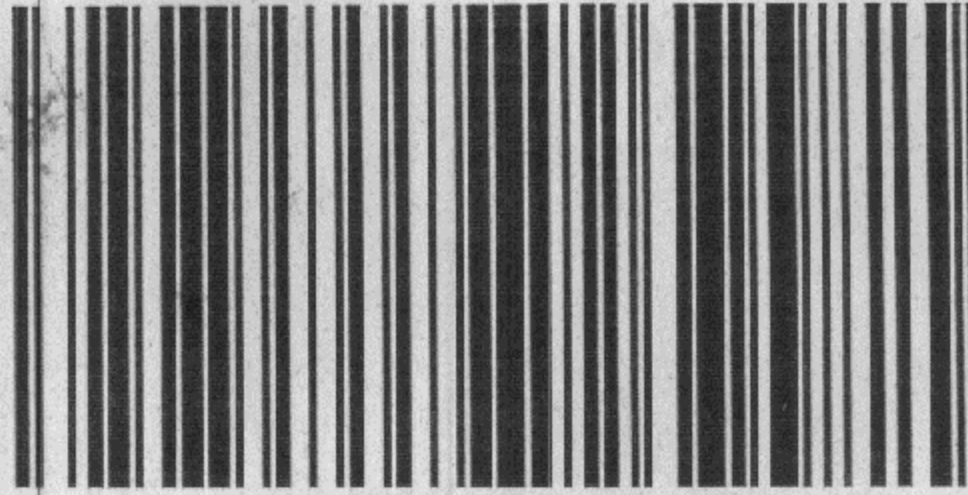


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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

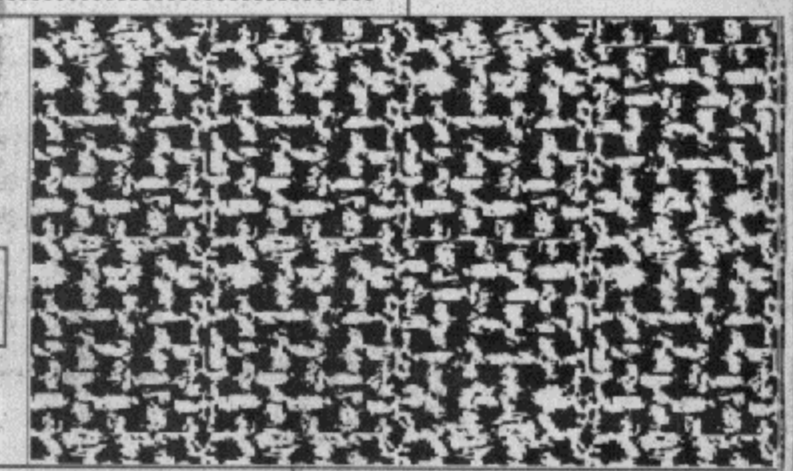


SUBBD26769084

2 2 2 E E E 2 2 2

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name Le Creuset		Company Name LE CREUSET CPT				<input type="checkbox"/> Same Day	
Street Address 90 William Cambell drive, sho		Street Address UNIT 01 HERON PARK				<input type="checkbox"/> Express	
La Lucia		OLIVE GROVE IND ESTATE				<input type="checkbox"/> With Sunrise Option	
Umhlanga		OLD PAARDEURIEI ROAD				<input type="checkbox"/> With Saturday Service	
Suburb		Suburb SOMERSET WEST				<input type="checkbox"/> Public Holiday Service	
City / Town DUR	Postal Code 4000	City / Town CAPE TOWN	Postal Code 8000			<input checked="" type="checkbox"/> Economy	
Contact Bill McIntosh/Marion		Contact LAUREN				<input type="checkbox"/> After Hours	
Phone 0315725045		Phone 021 8517178				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference U T I 2 4 4 7 4 2 5		Analysis Code					
SPECIAL INSTRUCTIONS							
Bill Charges To Account No.		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>	
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).							
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)	Total Mass (Kg)	
1		BOX					
Goods received in full without damage (unless endorsed)							
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
LAUREN				MATTHOU			
Date Received:		Time Received:		Date Received:		Time Received:	
180518		1015		180518		1518	
Signature:				Signature:			



Version Control (08/2017)