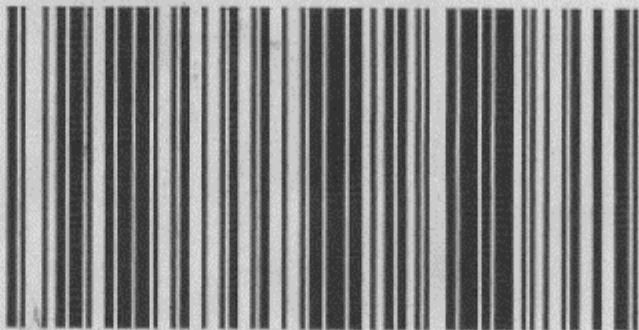


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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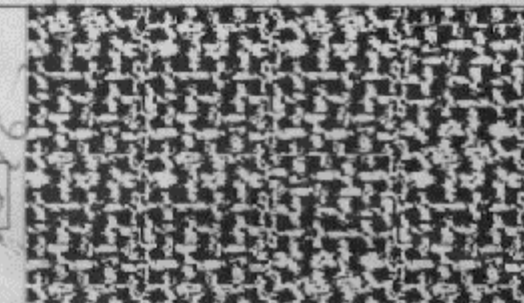
DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685

SUBBD26769087

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name Le creuset				Company Name LE CREUSET				<input type="checkbox"/> Same Day	
Street Address 90 William Cambell drive, sho				Street Address Unit 5 HERON PARK,				<input type="checkbox"/> Express	
La Lucia				OLIVE GROVE IND ESTATE				<input type="checkbox"/> With Sunrise Option	
Umlanga				SOMERSET WEST				<input type="checkbox"/> With Saturday Service	
Suburb				Suburb				<input type="checkbox"/> Public Holiday Service	
City / Town DUR		Postal Code 4000		City / Town		Postal Code		<input checked="" type="checkbox"/> Economy	
Contact Bill McIntosh/Marion				Contact Att: Lauren				<input type="checkbox"/> After Hours	
Phone 0315725045				Phone 021 851 7178				BLNS Customs Tariff	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
		Swaziland		Other (Please Specify)					
Sender's Reference UTI				Analysis Code				1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No.				Bill To Sender <input type="checkbox"/>		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).									
				(A)				08/05/2018	
				SENDER'S AUTHORISED SIGNATURE				DATE	
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)	
1		1		Parcel		611		2087	
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
EIVINO					MATTIA				
Date Received:		Time Received:			Date Received:		Time Received:		
1005/18		0955			0805/18		1430		
Signature:					Signature:				

POD COPY

Total Mass (Kg)



Version Control (08/2017)