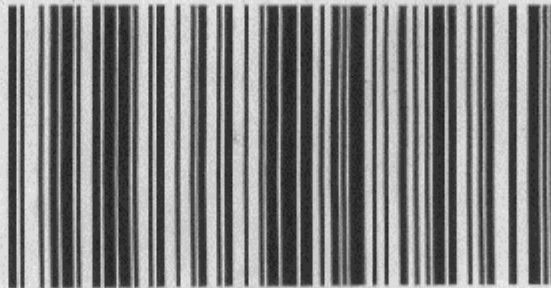


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD26830845

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| Sender's Details | | Consignee's Details. Full Street Address Please | | | | | Mark Service Required |
|---|--|--|--------------------|--|-----------------------------|-------------------------------|---|
| Company Name: SHOP 224 | | Company Name: LE CREUSET CAPE TOWN | | | | | <input type="checkbox"/> Same Day |
| Street Address: LEONORA DRIVE LE CREUSET BALLITO JUNCTION BALLITO DOLPHIN COAST | | Street Address: UNIT 1, HERON PARK OLIVE GROVE INDUSTRIAL ESTATE OLD PANDORVENI ROAD | | | | | <input checked="" type="checkbox"/> Express |
| Suburb: DURBAN | | Suburb: SOMERSET WEST | | | | | <input type="checkbox"/> With Sunrise Option |
| City/Town: DUR Postal Code: _____ | | City/Town: CAPE TOWN Postal Code: 8000 | | | | | <input type="checkbox"/> With Saturday Service |
| Contact: SONITHA | | Contact: LAUREN ALLERS | | | | | <input type="checkbox"/> Public Holiday Service |
| Phone: 032-0040128 | | Phone: 021-851 778 | | | | | <input type="checkbox"/> Economy |
| Destination Country: South Africa | | (Please Specify) | | | | | <input type="checkbox"/> After Hours |
| Sender's Reference: UT#9624902 | | Analysis Code: _____ | | | | | BLNS Customs Tariff |
| SPECIAL INSTRUCTIONS | | | | | | | |
| Bill Charges To Account No. _____ | | Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) _____ | | | | | 1. ONLINE <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 | | 3. EFT <input type="checkbox"/> |
| Total Parcels | | NO. OF PARCELS PER DIMENSIONS | LENGTH (CM) | WIDTH (CM) | HEIGHT (CM) | Total Mass (Kg) | |
| 1 | | 1 X FLUXER | | | | | |
| Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) EUVIMO | | | | Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) PHILIP LAM | | | |
| Date Received: 29/02/17 | | Time Received: 0830 | | Date Received: 27/02/17 | | Time Received: 1420 | |
| Signature: | | | | Signature: | | | |

POD COPY

Version Control: 08/2017