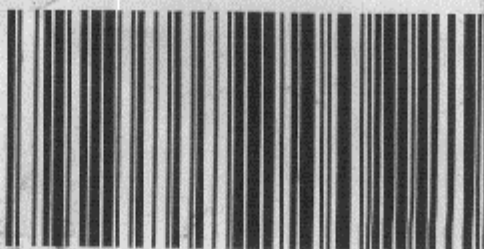


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
 1/a DSV Distribution
 PO Box 63, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2000/016342/07
 VAT. No. 4980189685



SUBBD26876253

2 2 2 E E E 2 2 2

Price *Stickers*

Sender's Details Company Name: LE CREUSET HOBART GROVE Street Address: SHOP G1 CNR HOBART & GROSVENOR ROADS Suburb: BRYANSTON City/Town: JNB Postal Code: 2021 Contact: _____ Phone: 011 568 4708		Consignee's Details. Full Street Address Please Company Name: Le Creuset Rosebank Street Address: Shop 202A Rosebank Mall 50 Bath Avenue Suburb: Rosebank City/Town: JNB Postal Code: 2196 Contact: Ellen Phone: _____		Mark Service Required <input type="checkbox"/> Same Day <input checked="" type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours
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Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference						Analysis Code

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **027766**

Bill To Sender Consignee Other (Name Please)

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).

SENDER'S AUTHORISED SIGNATURE *Chander* **DATE** *15/05/18*

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number _____

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1				

Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): Ntombi Date Received: 170518 Time Received: 1220 Signature: _____	Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): Silas Date Received: 160518 Time Received: 1140 Signature: _____	
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POD COPY

Version Control (06/2017)