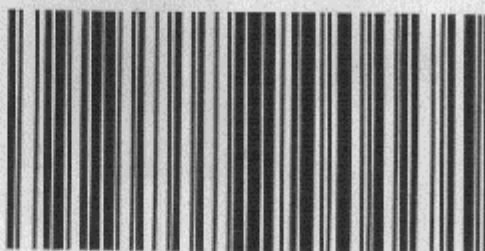


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD26876256

2 2 2 E E E 2 2 2

Sender's Details	Consignee's Details. Full Street Address Please	Mark Service Required
Company Name: LE CREUSET HOBART GROVE	Company Name: Le Creuset Cresta	<input type="checkbox"/> Same Day
Street Address: SHOP G1	Street Address: Shop 441 Cresta Shopping Centre Beyers Noubel Drive	<input type="checkbox"/> Express
CNR HOBART & GROSVENOR ROADS		<input type="checkbox"/> With Sunrise Option
Suburb: BRYANSTON	Suburb: Cresta	<input type="checkbox"/> With Saturday Service
City/Town: JNB Postal Code: 2021	City/Town: JNB Postal Code: 2021	<input type="checkbox"/> Public Holiday Service
Contact:	Contact: Siza	<input type="checkbox"/> Economy
Phone: 011 568 4708	Phone: 011 476 6010	<input type="checkbox"/> After Hours
Destination Country: <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)		<input type="checkbox"/> BLNS Customs Tariff
Sender's Reference: 44112362702 Analysis Code:		<input type="checkbox"/> 1. ONLINE
SPECIAL INSTRUCTIONS		<input type="checkbox"/> 3. EFT
Bill Charges To Account No: 027766 Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)		Total Mass (Kg)
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 14.6, 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)
1		
		WIDTH (CM)
		HEIGHT (CM)
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): MATHAPELO	Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): S. P. Mas	
Date Received: 10 05 18 Time Received: 04 06	Date Received: 09 05 18 Time Received: 16 00	
Signature: Cl. Petrovato	Signature: [Signature]	

POD COPY

Version Control (05/2017)