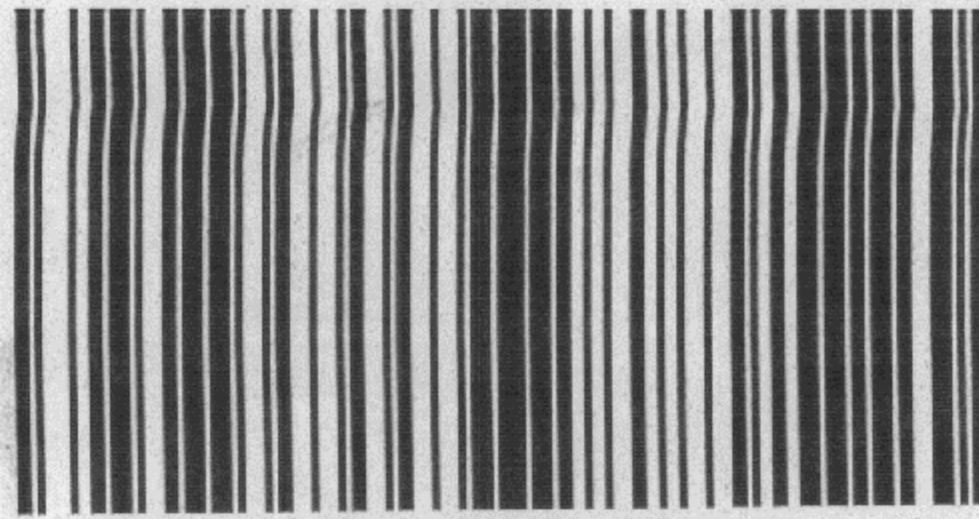


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27083514

2 2 2 E E E 2 2 2


Sender's Details		Consignee's Details. Full Street Address Please					
Company Name <b>LE CREUSET ROSEBANK</b>		Company Name <b>LE CREUSET HEAD OFFICE</b>					
Street Address <b>SHOP 202A ROSEBANK MALL</b>		Street Address <b>UNITS HERON PARK</b>					
<b>BATH AVENUE</b>		<b>OLIVE GROVE BUSINESS PARK</b>					
Suburb <b>ROSEBANK</b>		Suburb <b>SOMERSET WEST</b>					
City / Town <b>JNB</b>	Postal Code <b>2196</b>	City / Town <b>CAPE TOWN</b>		Postal Code <b>8001</b>			
Contact <b>ELEN</b>		Contact <b>JENNA</b>					
Phone <b>011 568 4754</b>		Phone <b>021 851 7178</b>					
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference <b>UII 0659411</b>		Analysis Code					
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <b>027766</b>	Bill To Sender <input checked="" 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).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number							
<b>Total Parcels</b>	<b>NO. OF PARCELS PER DIMENSIONS</b>	<b>LENGTH (CM)</b>	<b>WIDTH (CM)</b>	<b>HEIGHT (CM)</b>			
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<b>ELUIMO</b>				<b>104415421</b>			
Date Received:		Time Received:		Date Received:		Time Received:	
<b>190218</b>		<b>0955</b>		<b>160218</b>		<b>1600</b>	
Signature:				Signature:			

Mark Service Required
Same Day
Express
With Sunrise Option
With Saturday Service
Public Holiday Service
Economy
After Hours
BLNS Customs Tariff
1. ONLINE <input type="checkbox"/>
3. EFT <input type="checkbox"/>
Total Mass (K)

POD COPY

Version Control (08/2017)