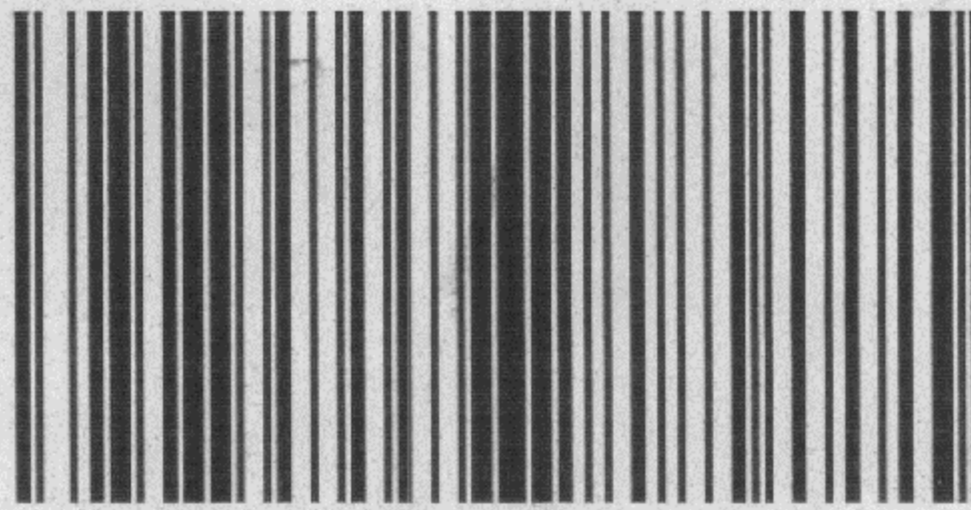


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27083533

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| Sender's Details | | Consignee's Details. Full Street Address Please | | | | | Mark Service Required | |
|---|--|--|--|--|--|--|---|--|
| Company Name LE CREUSET ROSEBANK SHOP 202A ROSEBANK MALL BATH AVENUE | | Company Name LE CREUSET Head Office | | | | | <input type="checkbox"/> Same Day | |
| Street Address ROSEBANK | | Street Address Unit 5 Heron park Olive Grove park | | | | | <input checked="" type="checkbox"/> Express | |
| Suburb ROSEBANK | | Suburb Somerset West | | | | | <input type="checkbox"/> With Sunrise Option | |
| City / Town JNB Postal Code 2196 | | City / Town Cape Town Postal Code 8001 | | | | | <input type="checkbox"/> With Saturday Service | |
| Contact ELLEN | | Contact Wicky | | | | | <input type="checkbox"/> Public Holiday Service | |
| Phone 011 568 4754 | | Phone 021 851-7478 | | | | | <input type="checkbox"/> Economy | |
| Destination Country | | South Africa <input checked="" type="checkbox"/> Botswana Lesotho Namibia Swaziland Other (Please Specify) | | | | | <input type="checkbox"/> After Hours | |
| Sender's Reference 4TTI3148208 | | Analysis Code | | | | | BLNS Customs Tariff | |
| SPECIAL INSTRUCTIONS | | | | | | | | |
| Bill Charges To Account No. 027766 | | Bill To <input checked="" type="checkbox"/> Sender | | Consignee <input type="checkbox"/> | | Other (Name Please) <input type="checkbox"/> | | |
| 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 | | |
| Total Parcels | | NO. OF PARCELS PER DIMENSIONS | | LENGTH (CM) | | WIDTH (CM) | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Goods received in full without damage (unless endorsed) | | | | Received By DSV | | | | |
| Name Of Receiver (PLEASE PRINT CLEARLY) | | | | Name Of Courier (PLEASE PRINT CLEARLY) | | | | |
| Reeder | | | | 044/1142 | | | | |
| Date Received: | | Time Received: | | Date Received: | | Time Received: | | |
| 200618 | | 0909 | | 190618 | | 1500 | | |
| Signature: | | | | Signature: | | | | |

POD COPY

Total Mass (Kg)

Version Control (08/2017)