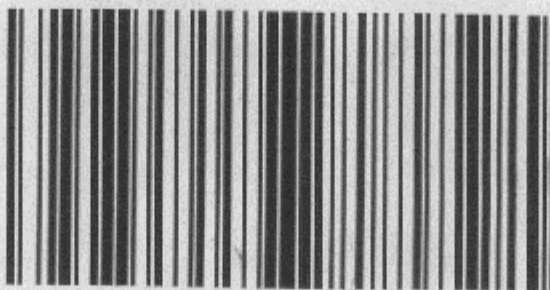


CONTRACT FOR CARRIAGE / DISPATCH NOTE



SUBBD27083535

2 2 2 E E E 2 2 2



DSV Road (Pty) Ltd
 V/a DSV Distribution
 PO Box 63, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2000/016342/07
 VAT. No. 4880189685

POD COPY

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 Units Heron Park Olive Grove Park				<input type="checkbox"/> Same Day	
Suburb: ROSEBANK		Suburb: Sommerset West				<input checked="" type="checkbox"/> Express	
City/Town: JNB Postal Code: 2196		City/Town: CAPE TOWN Postal Code: 8001				<input type="checkbox"/> With Sunrise Option	
Contact: ELLEN		Contact: Carmin				<input type="checkbox"/> With Saturday Service	
Phone: 011 568 4754		Phone: 021-8517178				<input type="checkbox"/> Public Holiday Service	
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"/> Economy	
Sender's Reference: 0ti2211336		Analysis Code: _____				<input type="checkbox"/> After Hours	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) _____				<input type="checkbox"/> BLNS Customs Tariff	
<p><small>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).</small></p>							
				SENDER'S AUTHORISED SIGNATURE		DATE	
						25/04/16	
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): CARMIN				Name Of Courier (PLEASE PRINT CLEARLY): _____			
Date Received: 260418		Time Received: 0910		Date Received: 250418		Time Received: 1500	
Signature: Carmin				Signature: [Signature]			

Total Mass (Kg)

Version Control: 06/2017