

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
 t/a DSV Distribution
 PO Box 63, The Reeds 0361
 Tel: (012) 673 2000
 Reg. No. 2000/016342/07
 VAT No. 4880189685



SUBBD27156673

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| Sender's Details | | Consignee's Details. Full Street Address Please | | | | | | Mark Service Required | |
|---|--|---|--|---|--|-----------------------------|--|---|--|
| Company Name: LE CREUSET HOBART GROVE SHOP G1 | | Company Name: LE CREUSET MALL OF AFRICA | | | | | | <input type="checkbox"/> Same Day | |
| Street Address: CNR HOBART GROSVENOR ROADS | | Street Address: SHOP 204D MALL OF AFRICA | | | | | | <input type="checkbox"/> Express | |
| Suburb: BRYANSTON | | Suburb: C/O BEN SCHOEMAN: ALLENDALE WATER FALL ESTATE | | | | | | <input type="checkbox"/> With Sunrise Option | |
| City / Town: JNB SEVARIAN Postal Code: 2021 | | City / Town: JOHANNESBURG Postal Code: 2001 | | | | | | <input type="checkbox"/> With Saturday Service | |
| Contact: 011 568 4708 | | Contact: PHINALE | | | | | | <input type="checkbox"/> Public Holiday Service | |
| Phone: 011 568 4708 | | Phone: 011 568 2097 | | | | | | <input checked="" type="checkbox"/> Economy | |
| Destination Country: South Africa | | Analysis Code: UT12228794 | | | | | | <input type="checkbox"/> After Hours | |
| Sender's Reference: UT12228794 | | Analysis Code: UT12228794 | | | | | | <input type="checkbox"/> BLNS Customs Tariff | |
| SPECIAL INSTRUCTIONS | | Bill To: <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> | | | | | | <input type="checkbox"/> 1. ONLINE | |
| Bill Charges To Account No: 027766 | | 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). | | | | | | <input type="checkbox"/> 3. EFT | |
| e-mail / Fax / Proof of Delivery <input type="checkbox"/> | | SENDER'S AUTHORIZED SIGNATURE: <i>Sfe</i> DATE: 25/4/2018 | | | | | | Total Mass (Kg) | |
| e-mail Address / Fax Number | | Total Parcels: 1 | | | | | | | |
| NO. OF PARCELS PER DIMENSIONS | | LENGTH (CM) | | WIDTH (CM) | | HEIGHT (CM) | | | |
| | | | | | | | | | |
| Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): SHARON | | | | Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): S.P. LASS | | | | | |
| Date Received: 30 04 18 | | Time Received: 10 15 | | Date Received: 26 04 18 | | Time Received: 14 00 | | | |
| Signature: <i>[Signature]</i> | | | | Signature: <i>[Signature]</i> | | | | | |
| | | | | | | | | | |

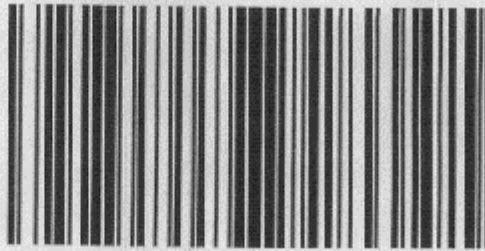
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Version Control: 08/2017

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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| Sender's Details | | Consignee's Details. Full Street Address Please | | | | | | Mark Service Required | |
|---|--|---|--|---|--|--|--|---|--|
| Company Name LE CREUSET HOBART GROVE SHOP G1 | | Company Name LE CREUSET MALL OF AFRICA | | | | | | <input type="checkbox"/> Same Day | |
| Street Address CNR HOBART GROSVENOR ROADS | | Street Address SHOP 2040 MALL OF AFRICA | | | | | | <input type="checkbox"/> Express | |
| Suburb BRYANSTON | | Suburb C/O BEN SCHOEMAN ACLENDACE WATERFALL ESTATE | | | | | | <input type="checkbox"/> With Sunrise Option | |
| City / Town JNB SEVARIAN Postal Code 2021 | | City / Town JOHANNESBURG Postal Code | | | | | | <input type="checkbox"/> With Saturday Service | |
| Contact | | Contact PHINALE | | | | | | <input type="checkbox"/> Public Holiday Service | |
| Phone 011 568 4708 | | Phone 011 568 2097 | | | | | | <input checked="" type="checkbox"/> Economy | |
| Destination Country | | South Africa | | Botswana | | Lesotho | | <input type="checkbox"/> After Hours | |
| | | | | | | | | <input type="checkbox"/> BLNS Customs Tariff | |
| Sender's Reference UT12228794 | | 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 | | 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 R250.00 PER SHIPMENT. (SEE CLAUSE 14.5 OVERLEAF). IF YOU WISH DSV DISTRIBUTION TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THE SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSE 14.5, 14.6 AND 14.7 OVERLEAF). | | Sfe 25/4/2018 SENDER'S AUTHORISED SIGNATURE DATE | | | | | | Total Mass (Kg) | |
| 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) | | HEIGHT (CM) | |
| 1 | | | | | | | | | |
| Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) SHARON | | | | Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) S.P.L.A.S | | | | | |
| Date Received: 30 04 18 | | Time Received: 10 15 | | Date Received: 26 04 18 | | Time Received: 14 00 | | | |
| Signature: <i>[Signature]</i> | | | | Signature: <i>[Signature]</i> | | | | | |
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Version Control (08-2017)