

CONTRACT FOR CARRIAGE / DISPATCH NOTE




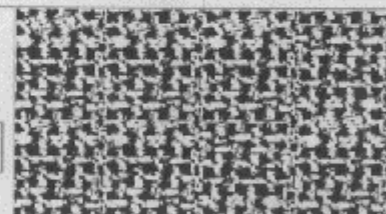


DSV Road (Pty) Ltd
 t/a DSV Distribution
 PO Box 63, The Reeds 0051
 Tel (012) 673-2000
 Reg. No. 2000/016342/07
 VAT No. 4880189685



SUBBD27187593

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| Sender's Details | | Consignee's Details. Full Street Address Please | | | | | | Mark Service Required | |
|---|--|---|--|--|--|--|--|---|--|
| Company Name: <u>le creuset</u> | | Company Name: <u>le creuset</u> | | | | | | <input type="checkbox"/> Same Day | |
| Street Address: <u>Sandton City Shopping Centre 158 5th Street Shop 300 1339 Sandhurst</u> | | Street Address: <u>Shop Unit Cresta Shopping Centre Beyers Naude Drive</u> | | | | | | <input type="checkbox"/> Express | |
| Suburb: <u>Sandhurst</u> | | Suburb: <u>Rundburg Cresta</u> | | | | | | <input type="checkbox"/> With Sunrise Option | |
| City/Town: <u>JHB</u> Postal Code: <u>2196</u> | | City/Town: <u>JHB</u> Postal Code: _____ | | | | | | <input type="checkbox"/> With Saturday Service | |
| Contact: <u>Korale</u> | | Contact: _____ | | | | | | <input type="checkbox"/> Public Holiday Service | |
| Phone: <u>(011) 784 0301</u> | | Phone: _____ | | | | | | <input checked="" type="checkbox"/> Economy | |
| Destination Country: <u>South Africa</u> | | <u>Botswana</u> | | <u>Lesotho</u> | | <u>Namibia</u> | | <input type="checkbox"/> After Hours | |
| Other: _____ | | Swaziland | | Other (Please Specify) | | BLNS Customs Tariff | | | |
| Sender's Reference: <u>U119639564</u> | | Analysis Code: _____ | | | | | | 1. ONLINE <input type="checkbox"/> | |
| SPECIAL INSTRUCTIONS | | | | | | | | 3. EFT <input type="checkbox"/> | |
| Bill Charges To Account No. _____ | | Bill To Sender <input type="checkbox"/> | | 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 14.6 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). | | SENDER'S AUTHORIZED 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) | |
| <input type="checkbox"/> | | _____ | | _____ | | _____ | | _____ | |
| Goods received in full without damage (unless endorsed) | | | | Received By DSV | | | |  | |
| Name Of Receiver (PLEASE PRINT CLEARLY): <u>RHINDILE</u> | | | | Name Of Courier (PLEASE PRINT CLEARLY): <u>Topical</u> | | | | | |
| Date Received: <u>030118</u> | | Time Received: <u>1638</u> | | Date Received: <u>020118</u> | | Time Received: <u>1335</u> | | | |
| Signature:  | | | | Signature:  | | | | | |

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Version 1.0 (Rev. 03/2017)