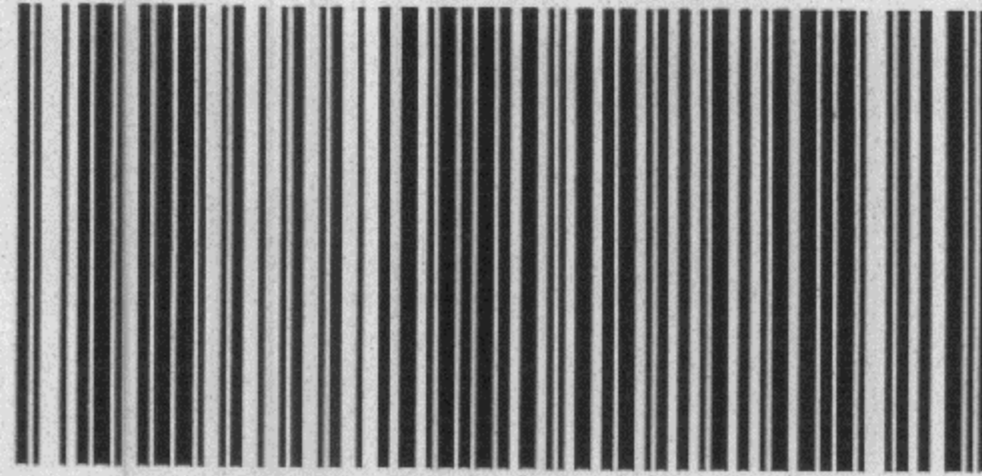


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



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



SUBBD27219337


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>LE CREUSET WATERFALL</u>		Company Name <u>LE CREUSET WAREHOUSE</u>				<input type="checkbox"/> Same Day	
Street Address <u>SHOP 101</u>		Street Address <u>UNIT 05 HERON PARK</u>				<input type="checkbox"/> Express	
<u>1 AUGRABIES AVENUE</u>		<u>OLIVE GROVE INDUSTRIAL ESTATE</u>				<input type="checkbox"/> With Sunrise Option	
<u>CASHAN EXT 12</u>		<u>OLD PARADE DR</u>				<input type="checkbox"/> With Saturday Service	
Suburb <u>WATERFALL MALL</u>		Suburb <u>SOMERSET WEST</u>				<input type="checkbox"/> Public Holiday Service	
City / Town <u>QUATENBURG</u> Postal Code <u>0299</u>		City / Town <u>CAPE TOWN</u> Postal Code <u>7130</u>				<input checked="" type="checkbox"/> Economy	
Contact <u>MANAGER: LERRTO</u>		Contact <u>MAN ATT: LAUREN</u>				<input type="checkbox"/> After Hours	
Phone <u>011 537-2279</u>		Phone <u>021 851 7178</u>				BLNS Customs Tariff	
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference <u>CUBES</u>		Analysis Code				1. ONLINE <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <u>027766</u> Bill To <input type="checkbox"/> Sender <input 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			
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)	
<u>1</u>		<u>1</u>	<u>48</u>	<u>46</u>	<u>76</u>	<u>13</u>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Carmon</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>LESEU</u>			
Date Received: <u>280618</u>		Time Received: <u>0915</u>		Date Received: <u>260618</u>		Time Received: <u>1315</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

POD COPY

Version Control (08/2017)