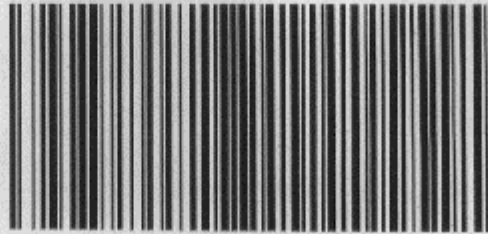


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
 t/a DSV Distribution
 PO Box 63, The Reads 0061
 Tel (012) 673 2000
 Reg. No. 2000/D116342/07
 VAT. No. 4880189685



SUBBD27363244

2 2 2 E E E 2 2 2

Sender's Details Company Name: LE CREUSET HOBART GROVE Street Address: SHOP G1 CNR HOBART & GROSVENOR ROADS Suburb: BRYANSTON City/Town: JNB Postal Code: 2021 Contact: SEVARIAN Phone: 011 568 4708		Consignee's Details. Full Street Address Please Company Name: LE CREUSET CLEARWATER Street Address: SHOP UM030A CLEARWATER MALL CHRISTIAAN DE WET Suburb: City/Town: JOHANNESBURG Postal Code: Contact: LISA Phone: 011 475 1200				Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours
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)		Sender's Reference: UT19910003 Analysis Code:				BLNS Customs Tariff:
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)						1. ONLINE <input type="checkbox"/> 3. EFT <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).						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)		Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): SPHE Date Received: 17 01 18 Time Received: 1030 Signature:				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): Colleen Date Received: 16 01 18 Time Received: 1500 Signature:

POD COPY

Version Control (03/2017)