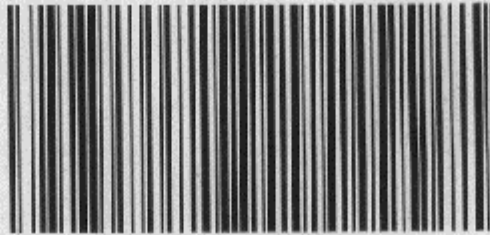


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



DSV Road (Pty) Ltd
1/a DSV Distribution
PO Box 63, The Reeds 0061
Tel: (012) 673-2000
Reg. No. 2000/016342/07
VAT No. 4080189685

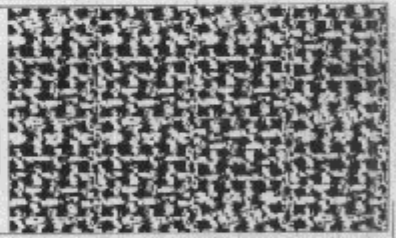


SUBBD27363300

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: LE CREUSET HOBART GROVE		Company Name: LE CREUSET CLEARWATER				<input type="checkbox"/> Same Day	
Street Address: SHOP G1 CNR HOBART & GROSVENOR ROADS		Street Address: SHOP UM30A CLEARWATER MALL, CHRISTIAN DE WET ROAD				<input type="checkbox"/> Express	
Suburb: BRYANSTON		Suburb: Clearwater				<input type="checkbox"/> With Sunrise Option	
City / Town: JNB Postal Code: 2021		City / Town: JHB Postal Code: 2001				<input type="checkbox"/> With Saturday Service	
Contact: SEVARIAN		Contact: LISA				<input type="checkbox"/> Public Holiday Service	
Phone: 011 568 4708		Phone: 011 4751202				<input checked="" type="checkbox"/> Economy	
Destination Country: <input checked="" type="checkbox"/> South Africa		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)				<input type="checkbox"/> After Hours	
Sender's Reference: UT10171062		Analysis Code				BLNS Customs Tariff	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		1. ONLINE <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).							
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) SIBONGILE				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) [Signature]			
Date Received: 29 01 18		Time Received: 14:30		Date Received: 28 01 18		Time Received: [Signature]	
Signature: [Signature]				Signature: [Signature]			

POD COPY

Version Control: 05/2017



Total Mass (Kg)