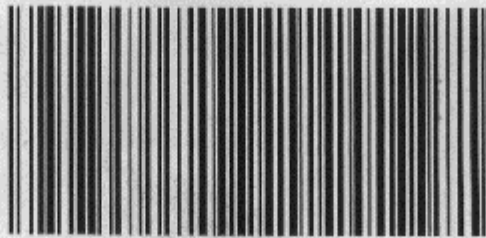


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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. 4880189665



SUBBD27363317

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required
Company Name <b>LE CREUSET HOBART GROVE</b>		Company Name <b>LE CREUSET Sandton</b>					<input type="checkbox"/> Same Day
Street Address <b>SHOP G1 CNR HOBART &amp; GROSVENOR ROADS</b>		Street Address <b>Shop 1329 Sandton City 158 BEECH REVENUE</b>					<input type="checkbox"/> Express
Suburb <b>BRYANSTON</b>		Suburb <b>SANDTON</b>					<input type="checkbox"/> With Sunrise Option
City / Town <b>JNB</b>	Postal Code <b>2021</b>	City / Town <b>JHB.</b>	Postal Code <b>2196</b>			<input type="checkbox"/> With Saturday Service	
Contact <b>SEVARIAN</b>		Contact <b>KARABO</b>					<input type="checkbox"/> Public Holiday Service
Phone <b>011 568 4708</b>		Phone <b>011 784 0301</b>					<input type="checkbox"/> Economy
<input checked="" type="checkbox"/> X		Destination Country					<input type="checkbox"/> BLNS Customs Tariff
South Africa		Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)	
Sender's Reference		Analysis Code					<input type="checkbox"/> After Hours
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <b>027766</b>		Bill To <input checked="" type="checkbox"/> Sender	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 14.5 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					<input type="checkbox"/> 1. ONLINE
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>	<b>LENGTH (CM)</b>	<b>WIDTH (CM)</b>	<b>HEIGHT (CM)</b>	<input type="checkbox"/> 3. EFT	
1						<b>Total Mass (Kg)</b>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>SAMAH</b>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>Chayna</b>					
Date Received: <b>080118</b>		Time Received: <b>1058</b>	Date Received: <b>080118</b>				Time Received: <b>1504</b>
Signature: <b>[Signature]</b>		Signature: <b>[Signature]</b>					

Version Control: (30/01/17)