

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. 4880189685



SUBBD27363324

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WTK Repair.

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| Sender's Details | | Consignee's Details. Full Street Address Please | |
|--|---|--|------------------------------------|
| Company Name LE CREUSET HOBART GROVE | Company Name Le Creuset Hachage | Street Address Unit 5 Heron Park Old Bode Vlei Road Industrial Estate Olwe Grove | Street Address |
| Suburb BRYANSTON | Suburb Somersea West | City / Town Cape town | City / Town |
| City / Town JNB | Postal Code 2021 | Postal Code | Postal Code |
| Contact SEVARIAN | Contact Francis / Jenna | Phone 021 851 7178 | Phone |
| Phone 011 568 4708 | Destination Country | | (Please Specify) |
| <input checked="" type="checkbox"/> South Africa | | <input type="checkbox"/> Botswana | <input type="checkbox"/> Lesotho |
| <input type="checkbox"/> Lesotho | | <input type="checkbox"/> Namibia | <input type="checkbox"/> Swaziland |
| <input type="checkbox"/> Swaziland | | <input type="checkbox"/> Other | |
| Sender's Reference | | Analysis Code | |

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

1. ONLINE

3. EFT

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **027766**

Bill To Sender Consignee Other (Name Please)

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).

Wardner **09/01/2018**

SENDER'S AUTHORISED SIGNATURE DATE

Total Mass (Kg)

e-mail / Fax / Proof of Delivery 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)

Name Of Receiver (PLEASE PRINT CLEARLY)
Nard

Date Received:
12 07 18

Time Received:
08h 30

Signature: **[Signature]**

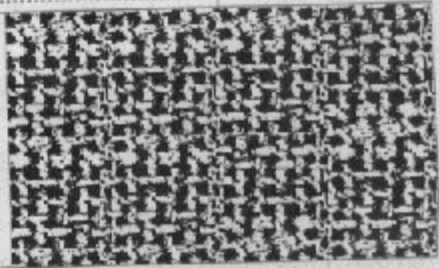
Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)
[Signature]

Date Received:
10 01 18

Time Received:
15:50

Signature: **[Signature]**



POD COPY

Version Control (08.2017)