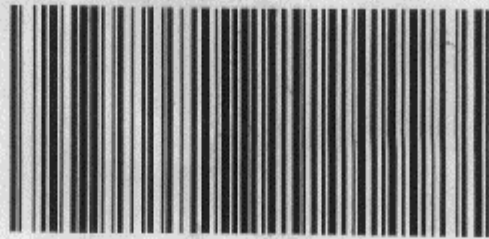


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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. 4890169685



SUBBD27363330


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 HYDE PARK</b>					<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 <input type="checkbox"/> BLNS Customs Tariff									
Street Address <b>SHOP G1 CNR HOBART &amp; GROSVENOR ROADS</b>		Street Address <b>SHOP 71, UPPER MALL HYDE PARK JAN SMUTS AVENUE</b>														
Suburb <b>BRYANSTON</b>		Suburb														
City / Town <b>JNB</b> Postal Code <b>2021</b>		City / Town <b>JOHANNESBURG</b> Postal Code														
Contact <b>SEVARIAN</b> Phone <b>011 568 4708</b>		Contact <b>011 325 5606</b> Phone <b>PATRICIA</b>														
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 <b>UT1 9646070</b>		Analysis Code														
<b>SPECIAL INSTRUCTIONS</b>																
Bill Charges To Account No. <b>027766</b>		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)														
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).																
					Sfe 02/01/2018 <b>SENDER'S AUTHORISED SIGNATURE</b> <b>DATE</b>											
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number														
<b>Total Mass (Kg)</b>																
<table border="1"> <thead> <tr> <th>Total Parcels</th> <th>NO. OF PARCELS PER DIMENSIONS</th> <th>LENGTH (CM)</th> <th>WIDTH (CM)</th> <th>HEIGHT (CM)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	1				
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)												
1																
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>REFILWE</b>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>ollie</b>												
Date Received: <b>030118</b>		Time Received: <b>1403</b>		Date Received: <b>020118</b>												
Time Received: <b>1500</b>		Signature: <i>[Signature]</i>														

POD COPY

Version Control (02/2017)