

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
 U/a DSV Distribution
 P.O. Box 63, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2000/016342/07
 VAT. No. 4860189585



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POD COPY

| Sender's Details | Consignee's Details. Full Street Address Please | Mark Service Required |
|--|---|--|
| Company Name: LE CREUSET HOBART GROVE | Company Name: LE CREUSET SANDTON | <input type="checkbox"/> Same Day |
| Street Address: SHOP G1 CNR HOBART & GROSVENOR ROADS | Street Address: SHOP L339 SANDTON SHOPPING CENTRE 5TH AND RIVONIA STREETS SANDTON | <input type="checkbox"/> Express |
| Suburb: BRYANSTON | Suburb: SANDTON | <input type="checkbox"/> With Sunrise Option |
| City/Town: JNB Postal Code: 2021 | City/Town: JOHANNESBURG Postal Code: 2196 | <input type="checkbox"/> With Saturday Service |
| Contact: SEVARIAN | Contact: KARABO | <input type="checkbox"/> Public Holiday Service |
| Phone: 011 568 4708 | Phone: 011 784 0301 | <input checked="" type="checkbox"/> Economy |
| 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) | | <input type="checkbox"/> After Hours |
| Sender's Reference: UT19629691 | Analysis Code: | <input type="checkbox"/> BLNS / Customs / Tariff |
| SPECIAL INSTRUCTIONS | | <input type="checkbox"/> 1. ONLINE |
| Bill Charges To Account No. 027766 | Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) | <input type="checkbox"/> 3. EFT |
| <p><small>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 OWNER'S 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).</small></p> | | Total Mass (Kg) |
| SENDER'S AUTHORIZED SIGNATURE: <i>Sffe</i> DATE: 28/12/2018 | | |
| 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): KARABO | | |
| Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): | | |
| Date Received: 29/12/17 | Time Received: 0933 | |
| Date Received: 28/12/17 | Time Received: 1500 | |
| Signature: <i>[Signature]</i> | | Signature: <i>[Signature]</i> |

Version Control (04/01/17)