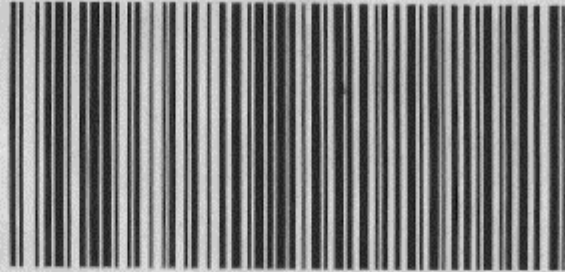


CONTRACT FOR CARRIAGE / DISPATCH NOTE

UTI



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



SUBBD27409683

2 2 2 E E E 2 2 2

POD COPY

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET				Company Name LE CREUSET				<input type="checkbox"/> Same Day	
Street Address SHOP UM 30A CLEARWATER MALL CHRISTIAN DE WET ROAD				Street Address UNIT 5 HERON PARK OLIVE GROOVE INDUSTRIAL ESTATE				<input checked="" type="checkbox"/> Express	
Suburb JOHANNESBURG				Suburb OLD PAADE VLEI ROAD SOMER SET WEST				<input type="checkbox"/> With Sunrise Option	
City / Town JNB		Postal Code 2001		City / Town CAPETOWN		Postal Code 7200		<input type="checkbox"/> With Saturday Service	
Contact LISA				Contact VICKY				<input type="checkbox"/> Public Holiday Service	
Phone 011 475 1202				Phone 021 851 7178				<input 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 FILE CLEARWATER				Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. 027766		Bill To Sender <input checked="" type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <input type="checkbox"/>	
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)									
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)	
1									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) J BENADE					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Shas				
Date Received: 03 07 18		Time Received: 09 14		Date Received: 02 07 18		Time Received: 12 40			
Signature: J Bena		Signature: Shas							

Total Mass (Kg)

Magna Central (05/2017)