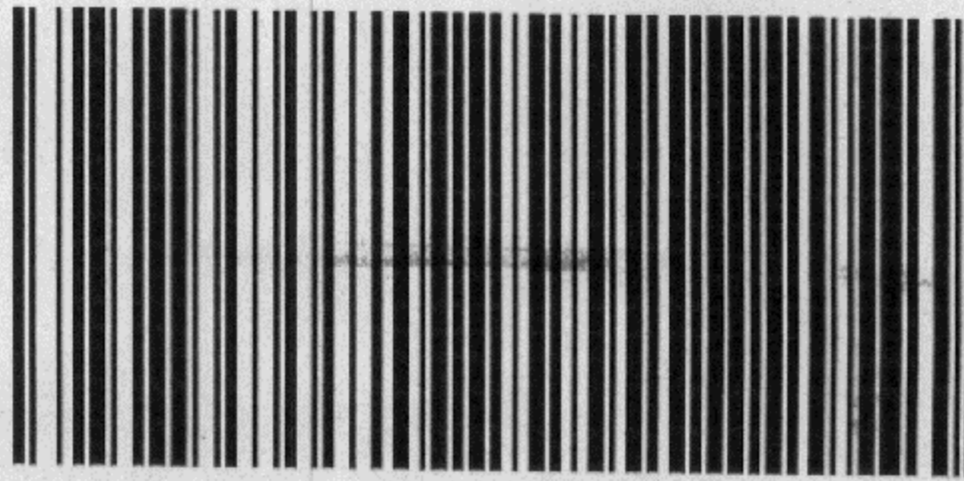


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27440776

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <u>Le Creuset Bedford</u>		Company Name <u>Le Creuset (SA)</u>						<input type="checkbox"/> Same Day	
Street Address <u>Shop U17</u>		Street Address <u>Shop 321</u>						<input type="checkbox"/> Express	
<u>Bedfordview Centre</u>		<u>Centurion Mall</u>						<input type="checkbox"/> With Sunrise Option	
<u>Smith & Van der Linde</u>		<u>Upper Level</u>						<input type="checkbox"/> With Saturday Service	
Suburb <u>Bedfordview</u>		Suburb <u>Heuwel Avenue</u>						<input type="checkbox"/> Public Holiday Service	
City / Town <u>JHB</u> Postal Code <u>2008</u>		City / Town <u>Pretoria</u> Postal Code <u>0046</u>						<input checked="" type="checkbox"/> Economy	
Contact <u>Natasha</u>		Contact <u>Ureka</u>						<input type="checkbox"/> After Hours	
Phone <u>(011) 615 1923</u>		Phone <u>012 004 0217</u>						BLNS Customs Tariff	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference		Analysis Code						1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. <u>027766</u>		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		3. EFT <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			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
<u>1</u>									
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
<u>MARTHA</u>					<u>TLOU</u>				
Date Received:		Time Received:			Date Received:		Time Received:		
<u>190618</u>		<u>1236</u>			<u>180618</u>		<u>1630</u>		
Signature: <u>M. SIBANDA</u>					Signature: <u>[Signature]</u>				

POD COPY

Version Control (08/2017)

29kg
0.75m

