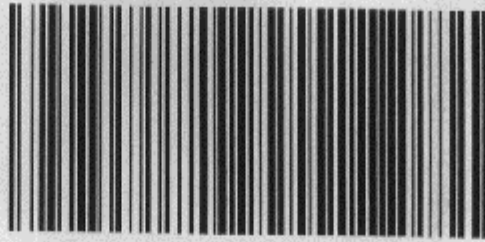


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0051
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT No. 4880189685



SUBBD27440779

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required																					
Company Name	Le Creuset	Company Name	Le Creuset						Same Day																				
Street Address	Bedford Centre Shop 1017 Cnr Smith and VanderLinde	Street Address	Shop UM 30B Clearwater Mall Cnr Hendrik Potgieter and Christiaan de Wet Rd.						Express																				
Suburb	Bedfordview	Suburb	Stubbens Valley						With Sunrise Option																				
City/Town	JHB	City/Town	JHB						With Saturday Service																				
Postal Code	2008	Postal Code	1736						Public Holiday Service																				
Contact	Mila	Contact	Lisa						<input checked="" type="checkbox"/> Economy																				
Phone	011 615 1923	Phone	011 475 1202						After Hours																				
Destination Country	South Africa	Destination Country	Botswana	Lesotho	Namibia	Swaziland	Other	BLNS Customs Tariff																					
Sender's Reference	UT12363329						Analysis Code		1. ONLINE <input type="checkbox"/>																				
SPECIAL INSTRUCTIONS																													
Bill Charges To Account No.	027766		Bill To Sender	<input type="checkbox"/>	Consignee	<input type="checkbox"/>	Other (Name Please)	<input type="checkbox"/>	3. EFT <input type="checkbox"/>																				
<p>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).</p>																													
e-mail / Fax / Proof of Delivery <input type="checkbox"/>							e-mail Address / Fax Number:																						
<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> <th colspan="5">Total Mass (Kg)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td colspan="5"></td> </tr> </tbody> </table>										Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)					1									
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1																													
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) LISA					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) TLOEB																								
Date Received:		Time Received:		Date Received:		Time Received:																							
10 05 18		14 02		09 05 18		11 03																							
Signature: <i>[Signature]</i>					Signature: <i>[Signature]</i>																								

POD COPY

Version Control (08/2017)

