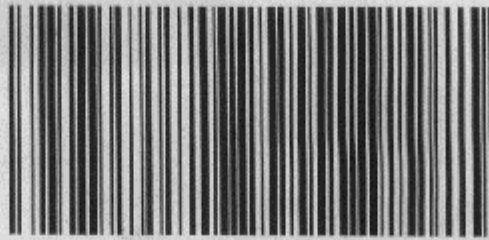


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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. 2900/016342/07  
 VAT. No. 4690169685



SUBBD27440780


Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required	
Company Name <i>Le Creuset Bedford</i>		Company Name <i>Le Creuset</i>					<input type="checkbox"/> Same Day	
Street Address <i>Shop 117 Bedford eureka Smith &amp; Vander Linde</i>		Street Address <i>Shop 71 Hyde Park Shopping Centre c/o 7th Ave and Jan Smuts Ave</i>					<input type="checkbox"/> Express	
Suburb <i>Bedfordview</i>		Suburb <i>Hyde Park</i>					<input type="checkbox"/> With Sunrise Option	
City/Town <i>2008</i> Postal Code <i>743</i>		City/Town <i>Johannesburg</i> Postal Code <i>2016</i>					<input type="checkbox"/> With Saturday Service	
Contact <i>Natalia</i>		Contact <i>Petrice</i>					<input type="checkbox"/> Public Holiday Service	
Phone <i>011 6157923</i>		Phone <i>011 325 5606</i>					<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)	<input type="checkbox"/> After Hours
Sender's Reference <i>UTI 2328/20</i>		Analysis Code					<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>								
Bill Charges To Account No <i>027766</i>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <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						<input type="checkbox"/> 1. ONLINE
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>	<b>LENGTH (CM)</b>	<b>WIDTH (CM)</b>	<b>HEIGHT (CM)</b>	<input type="checkbox"/> 3. EFT		
1						<b>Total Mass (Kg)</b>		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <i>WEBOHANG</i>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <i>ETIOP</i>				
Date Received: <i>08 05 18</i>		Time Received:		Date Received: <i>07 05 18</i>		Time Received: <i>14 50</i>		
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>				

POD COPY

Version Control (08/2017)