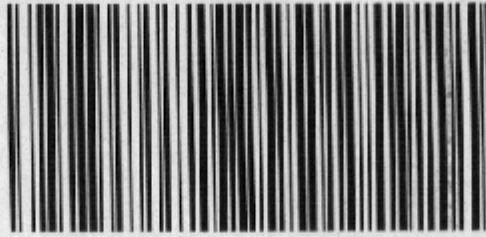


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



DSV Road (Pty) Ltd
 Via DSV Distribution
 PO Box 63, The Reeds 0061
 Tel: (012) 673-2000
 Reg. No. 2000/016342/07
 VAT. No. 4880189585



SUBBD27449518

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name LE CREUSET PAVILION		Company Name LE CREUSET LA LUCIA				<input type="checkbox"/> Same Day
Street Address SHOP UL 262 PAVILION SHOPPING CENTER JACC MAAARTENS DRIVE WESSVILLE		Street Address 90 WILLIAM CAMPBELL DRIVE, SHOP 3, LA LUCIA MALL DURBAN NORTH				
City/Town DURBAN Postal Code 3629		City/Town DURBAN Postal Code 4000				<input type="checkbox"/> Express
Contact TRISINA / ATSHA		Contact ELIZBETH				<input type="checkbox"/> With Sunrise Option
Phone 031-2658455		Phone 031-5125045				<input type="checkbox"/> With Saturday Service
Destination Country		Other (Please Specify)				<input checked="" type="checkbox"/> Economy
South Africa						<input type="checkbox"/> After Hours
Botswana						<input type="checkbox"/> BLNS Customs Tariff
Lesotho						
Namibia						1. ONLINE <input type="checkbox"/>
Swaziland						
Other						3. EFT <input type="checkbox"/>
Sender's Reference ESKILLET / S/REST		Analysis Code				Total Mass (Kg)
<p>SPECIAL INSTRUCTIONS</p> <p>Bill Charges To Account No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/></p> <p>If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges</p> <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> <p>Sender's Authorised Signature:  DATE: 03/09/2018</p>						
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number				Total Mass (Kg)
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)	WIDTH (CM)	
1		1 x BOX				
Goods received in full without damage (unless endorsed)		Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)				
ALVINA		AARON				
Date Received: 040918		Date Received: 030918				
Time Received: 1300		Time Received: 1635				
Signature: 		Signature: 				

POD COPY

Version Control (08/2017)