

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reads 0051
Tel (012) 673-2000
Reg. No. 2000/D15342/07
VAT. No. 4880189685



SUBBD27449530

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| Sender's Details | | Consignee's Details. Full Street Address Please | | | | | |
|---|--|--|----------|---------|---------|-----------|------------------------|
| Company Name <u>LE CREUSET PAVILION</u> | | Company Name <u>LE CREUSET LA LUCIA</u> | | | | | |
| Street Address <u>SHOP UL263</u> <u>PAVILION SHOPPING CENTER</u> <u>JACK MARIENS DENE</u> | | Street Address <u>90 WILLIAM CAMPBELL DENE</u> <u>LA LUCIA MALL, SHOP 3</u> | | | | | |
| Suburb <u>WESVILLE</u> | | Suburb <u>DURBAN NORTH</u> | | | | | |
| City/Town <u>DURBAN</u> Postal Code <u>3629</u> | | City/Town <u>DURBAN</u> Postal Code | | | | | |
| Contact <u>TERKINA / ATISHA</u> | | Contact <u>SANTHA</u> | | | | | |
| Phone <u>031-2658453</u> | | Phone <u>031-575015</u> | | | | | |
| Destination Country | | South Africa | Botswana | Lesotho | Namibia | Swaziland | Other (Please Specify) |
| Sender's Reference | | Analysis Code | | | | | |

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

SPECIAL INSTRUCTIONS

Bill Charges To Account No. 027766 Bill To Sender Consignee Other (Name Please)

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).

[Signature] 27/11/18
SENDER'S AUTHORISED SIGNATURE DATE

BLNS Customs Tariff

1. ONLINE

3. EFT

Total Mass (Kg)

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

| Total Parcels | NO. OF PARCELS PER DIMENSIONS | LENGTH (CM) | WIDTH (CM) | HEIGHT (CM) |
|---------------|-------------------------------|-------------|------------|-------------|
| <u>1</u> | <u>1 x BOX</u> | | | |

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY) ALVIN

Date Received: 28/11/18 Time Received: 1355

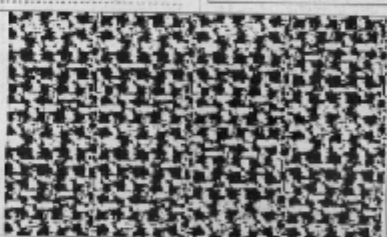
Signature: *[Signature]*

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY) ABRON

Date Received: 27/11/18 Time Received: 1515

Signature: *[Signature]*



POD COPY