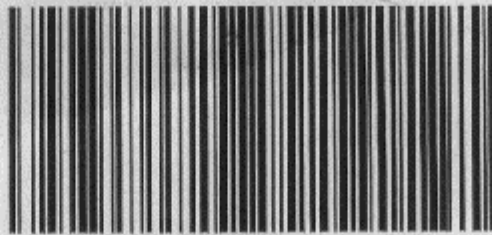


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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. 2000/016342/07
VAT No. 4880189685



SUBBD27502711

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required
Company Name: <u>Le Creuset Walmer</u>		Company Name: <u>Le Creuset Mall of Africa</u>					<input type="checkbox"/> Same Day
Street Address: <u>Shop 103 Walmer Park Shopping Centre</u>		Street Address: <u>Shop 2040, Corner Ben Schoeman & Attendale Waterfall Estate</u>					<input type="checkbox"/> Express
Suburb: <u>Walmer Park</u>		Suburb: <u>Midrand</u>					<input type="checkbox"/> With Sunrise Option
City/Town: <u>Vere</u> Postal Code: <u>6070</u>		City/Town: <u>Johannesburg</u> Postal Code: <u>1682</u>					<input type="checkbox"/> With Saturday Service
Contact: <u>Gene</u>		Contact: <u>Phindile</u>					<input type="checkbox"/> Public Holiday Service
Phone: <u>011 367 2318</u>		Phone: <u>(011) 568 2097</u>					<input checked="" type="checkbox"/> Economy
Destination Country: <input type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)							<input type="checkbox"/> After Hours
Sender's Reference: <u>UTI 21255138</u>		Analysis Code					BLNS Customs Tariff
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>27766</u>		Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>					1. ONLINE <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					3. EFT <input type="checkbox"/>
Total Parcels: <u>1</u>		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	HEIGHT (CM)
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>Tsiki d</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u>ZAMA</u>					
Date Received: <u>240418</u>		Date Received: <u>200418</u>					
Time Received: <u>1220</u>		Time Received: <u>1517</u>					
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>					Total Mass (Kg)

POD COPY

Version Control (DSV2017)