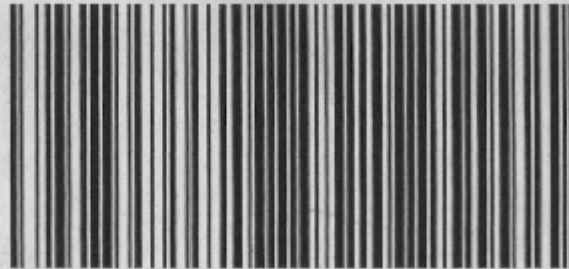


CONTRACT FOR CARRIAGE / DISPATCH NOTE




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



SUBBD27502746

2 2 2 E E E 2 2 2

BANKING  
FILE

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le Cruset Walmer</u>		Company Name <u>Le Cruset Head Office</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop 103</u> <u>walmer Park Shopping</u> <u>Centre</u>		Street Address <u>Unit 5, Heron Park</u> <u>Olive Grove, Industrial Estate</u> <u>Old Paardevlei Rd</u>				<input checked="" type="checkbox"/> Express	
Suburb <u>Walmer</u>		Suburb <u>Somerset West</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>P.E</u> Postal Code <u>6020</u>		City / Town <u>Cape Town</u> Postal Code <u>7130</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>Rene Newfeldt</u>		Contact <u>Clarice Brown</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>(041) 3672318</u>		Phone <u>021) 8517178</u>				<input type="checkbox"/> Economy	
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference <u>UTI 3822890</u>		Analysis Code				<input type="checkbox"/> After Hours	
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <u>27766</u>		Bill To <input type="checkbox"/> Sender	Consignee <input type="checkbox"/>	Other (Name Please) <input type="checkbox"/>	1. ONLINE <input type="checkbox"/>	3. EFT <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).							
				 SENDER'S AUTHORISED SIGNATURE	16/07/2018 DATE	Total Mass (Kg)	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number					
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)		
<u>1</u>							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)				
<u>J BENA DE</u>			<u>ZAMA</u>				
Date Received:		Time Received:	Date Received:		Time Received:		
<u>170718</u>		<u>0933</u>	<u>160718</u>		<u>1430</u>		
Signature: <u>Bena</u>			Signature: <u>Zama</u>				

POD COPY