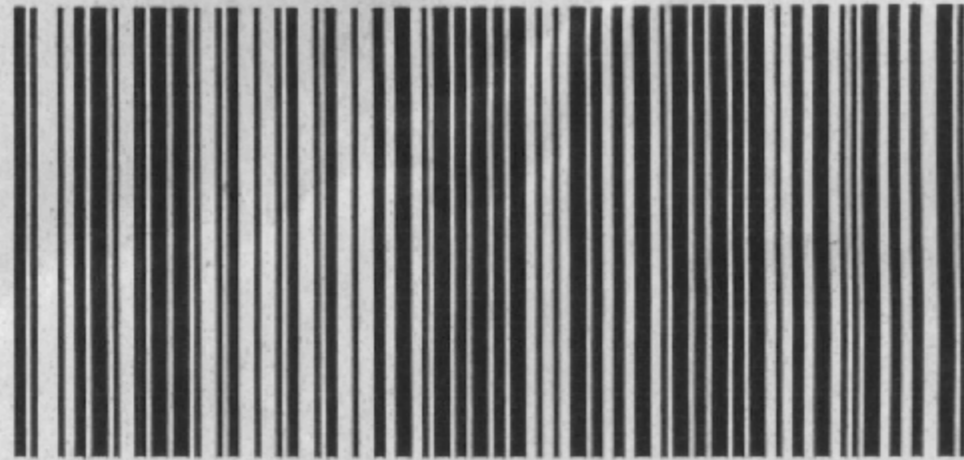


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27502752

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Competition
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Providence

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le Grueset Walmer Park</u>		Company Name <u>Le Grueset Warehouse</u>				<input type="checkbox"/> Same Day	
Street Address <u>103 Walmer Park Shopping Centre between 14th / 16th Aves Main Road Walmer</u>		Street Address <u>Unit 5 Heron Park Olive Grove Industrial Estate Old Paardevel Road Somerset West</u>				<input type="checkbox"/> Express	
Suburb <u>Walmer</u>		Suburb <u>Somerset West</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>Port Elizabeth</u> Postal Code <u>6070</u>		City / Town <u>Cape Town</u> Postal Code <u>8001</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>Rene Newfeldt</u>		Contact <u>Carmen</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>041 367 2318</u>		Phone <u>021 851 7178</u>				<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa		Botswana		<input type="checkbox"/> After Hours	
		Lesotho		Namibia		BLNS Customs Tariff	
		Swaziland		Other (Please Specify)			
Sender's Reference <u>UTJ4487119</u>		Analysis Code					
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>027766</u>		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>	
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).							
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)	
1						HEIGHT (CM)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>CAMPION</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>ZAMA</u>			
Date Received: <u>040918</u>		Time Received: <u>0957</u>		Date Received: <u>030918</u>		Time Received: <u>1357</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			
						Total Mass (Kg)	

POD COPY

Version Control (08/2017)