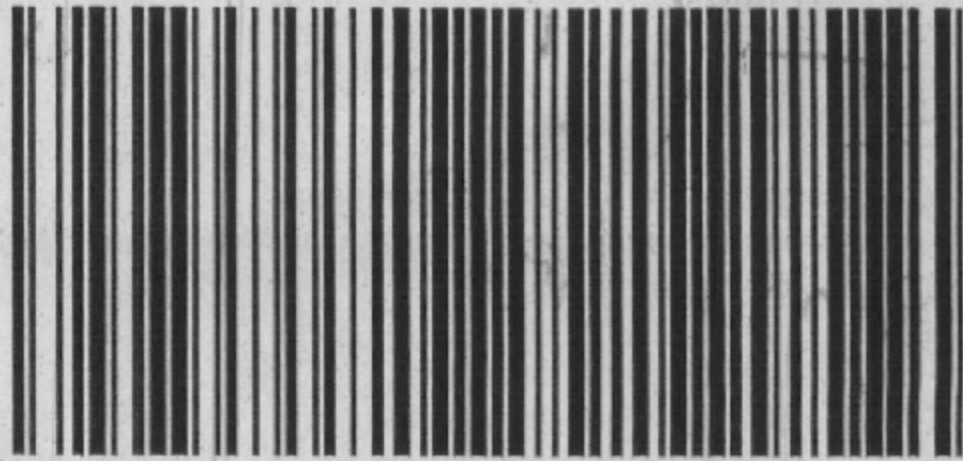


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27502764

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REPA * DAMEGES
REPLACEMENT
10 INTER STORE
* TRANSFER.
SLIBH J13626226

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 WAREHOUSE.</u>					<input type="checkbox"/> Same Day	
Street Address <u>SHOP 103.</u> <u>WALMER PARK</u> <u>SHOPPING CENTRE.</u>		Street Address <u>UNIT 5, HERON PARK.</u> <u>OLIVE GROVE, INDUSTRIAL EST</u> <u>OLD PARRDEVLEI ROAD.</u>					<input type="checkbox"/> Express	
Suburb <u>WALMER PARK.</u>		Suburb <u>SOMERSET WEST.</u>					<input type="checkbox"/> With Sunrise Option	
City / Town <u>P.E</u> Postal Code <u>6001</u>		City / Town <u>CAPE TOWN</u> Postal Code <u>8001</u>					<input type="checkbox"/> With Saturday Service	
Contact <u>KENE NEWFELDT.</u>		Contact <u>JENNA & FRANCI</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		(Please Specify)					<input type="checkbox"/> After Hours	
South Africa <input checked="" type="checkbox"/>		Betswana					<input type="checkbox"/> BLNS Customs Tariff	
Lesotho		Namibia					<input type="checkbox"/>	
Swaziland		Other					<input type="checkbox"/>	
Sender's Reference <u>UT1</u>		Analysis Code					1. ONLINE <input type="checkbox"/>	
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)		
2						HEIGHT (CM)		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>BASIL</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>XOLANI</u>				
Date Received: <u>191118</u>		Time Received: <u>1000</u>		Date Received: <u>161119</u>		Time Received: <u>1550</u>		
Signature:				Signature:				

POD COPY

Version Control (08/2017)