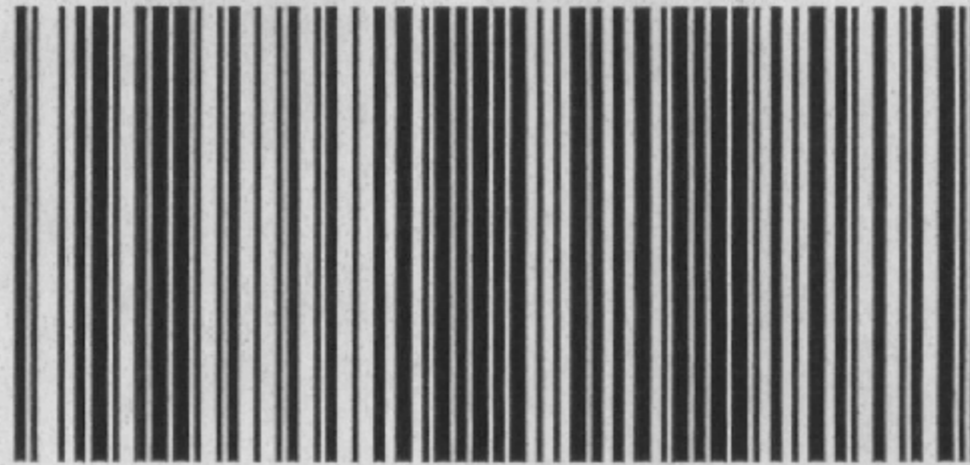


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27502781

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Banking
File

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 - Accounts</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop 103</u>		Street Address <u>Unit 5, Heron Park</u>				<input checked="" type="checkbox"/> Express	
<u>Walmer Park</u>		<u>Olive Grove, Industrial Est.</u>				<input type="checkbox"/> With Sunrise Option	
<u>Shopping Centre</u>		<u>Old Paardevlei Road</u>				<input type="checkbox"/> With Saturday Service	
Suburb <u>Walmer</u>		Suburb <u>Somerset West</u>				<input type="checkbox"/> Public Holiday Service	
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"/> Economy		<input type="checkbox"/> After Hours	
Contact <u>Rene Nienfeldt</u>	Phone <u>041 367 2318</u>	Contact <u>Clarice Brown</u>	Phone <u>021 851 7178</u>	<input type="checkbox"/> BLNS Customs Tariff		<input type="checkbox"/> 1. ONLINE	
Destination Country	<input checked="" 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"/> 3. EFT
Sender's Reference <u>UT14861087</u>		Analysis Code				Total Mass (Kg)	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>027766</u>	Bill To <input type="checkbox"/> Sender	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)	HEIGHT (CM)			
<u>1</u>							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>LERISA</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>XOLANI</u>			
Date Received: <u>021018</u>		Time Received: <u>09:15</u>		Date Received: <u>011018</u>		Time Received: <u>1805</u>	
Signature: <u>CA Ventber</u>				Signature: <u>[Signature]</u>			

POD COPY

Version Control (08/2017)