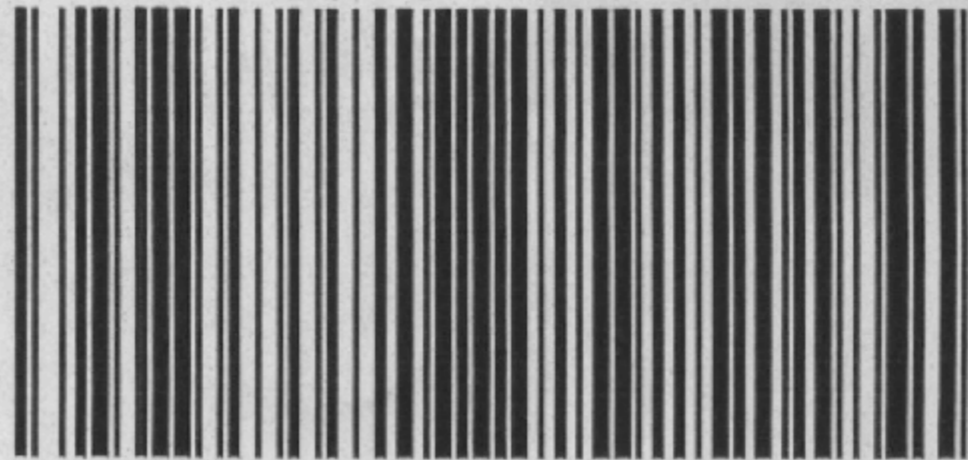


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD27548426

UTI: 4858788

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required	
Company Name..... LE CREUSET WATERCREST		Company Name..... LE CREUSET WAREHOUSE					<input type="checkbox"/> Same Day	
Street Address..... INANDA ROAD WATERFALL DURBAN		Street Address..... UNIT 5, HERON PARK OLIVE GROVE INDUSTRIAL SOMEREST WEST					<input checked="" type="checkbox"/> Express	
Suburb.....		Suburb..... CAPE TOWN					<input type="checkbox"/> With Sunrise Option	
City / Town <input type="text" value="DUR"/> Postal Code..... 3652		City / Town <input type="text" value="CAPE TOWN (CPT)"/> Postal Code..... 7129					<input type="checkbox"/> With Saturday Service	
Contact SIPESANDE		Contact Jacqueline					<input type="checkbox"/> Public Holiday Service	
Phone..... 031 763 1525		Phone..... 021 851 7178					<input type="checkbox"/> Economy	
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)	<input type="checkbox"/> After Hours
Sender's Reference Banking-FILE		Analysis Code					<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS								
Bill Charges To Account No. <input type="text"/>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <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			
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)		
<input type="text" value="1"/>		FLYER						
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) CERISA				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) SINABONGA				
Date Received: 02/10/18		Time Received: 09:15		Date Received: 01/10/18		Time Received: 14:50		
Signature: CAventer				Signature: <i>[Signature]</i>				

POD COPY