

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



SUBBD27574611

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Sender's Details		Consignee's Details. Full Street Address Please					
Company Name <u>LECREUSET KILLARNEY</u>		Company Name <u>LECREUSET HEAD OFFICE</u>					
Street Address <u>SHOP 100 KILLARNEY MALL 60 RIVERA ROAD HOUGHTON HOUGHTON</u>		Street Address <u>UNIT 5 HERON PARK OLIVE GROVE INDUSTRIAL ESTATE OLD PAARDENLEI ROAD SOMERSET WEST</u>					
Suburb <u>HOUGHTON</u>		Suburb <u>SOMERSET WEST</u>					
City / Town <u>JHB</u> Postal Code <u> </u>		City / Town <u>CARE TOWN</u> Postal Code <u> </u>					
Contact <u>FUNDI</u>		Contact <u>NOLANDA</u>					
Phone <u>011 646 6316</u>		Phone <u>021 851 7178</u>					

Mark Service Required
<input type="checkbox"/> Same Day
<input type="checkbox"/> Express
<input type="checkbox"/> With Sunrise Option
<input type="checkbox"/> With Saturday Service
<input type="checkbox"/> Public Holiday Service
<input checked="" type="checkbox"/> Economy
<input type="checkbox"/> After Hours
BLNS Customs Tariff

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference <u>ONLINE/STOCK TRANSFERE</u>	Analysis Code <u> </u>					

SPECIAL INSTRUCTIONS

Bill Charges To Account No. 027766 Bill To Sender Consignee Other (Name Please)

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).

[Signature] 7/17/2018
 SENDER'S AUTHORISED SIGNATURE DATE

<input type="checkbox"/> 1. ONLINE
<input type="checkbox"/> 3. EFT
Total Mass (Kg)

e-mail / Fax / Proof of Delivery 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)
N A A L A H

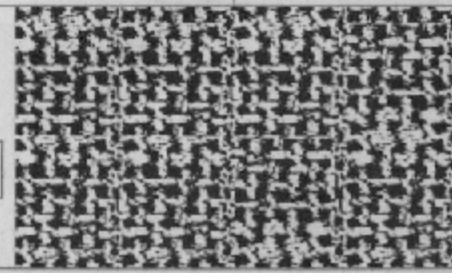
Date Received: 190718 Time Received: 1020

Signature: [Signature]

Received By DSV
 Name Of Courier (PLEASE PRINT CLEARLY)
Jo

Date Received: 170718 Time Received: 1619

Signature: [Signature]



POD COPY

Version Control (06/2017)