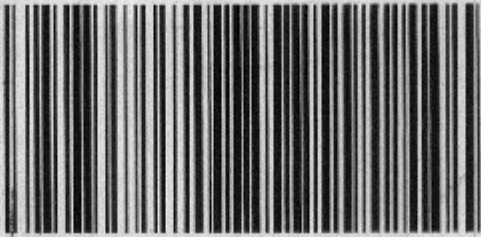


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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

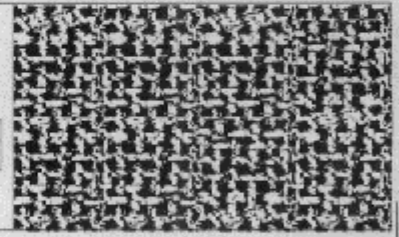


SUBBD27574613

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET KILLARNEY		Company Name LE CREUSET BEDFORD				<input type="checkbox"/> Same Day	
Street Address SHOP 100 KILLARNEY MALL 60 RIVIERA ROAD		Street Address SHOP 471 BEDFORD CENTRE				<input type="checkbox"/> Express	
Suburb KILLARNEY		Suburb BEDFORDUIEN				<input type="checkbox"/> With Sunrise Option	
City / Town JHB	Postal Code	City / Town JHB	Postal Code	<input type="checkbox"/> With Saturday Service		<input type="checkbox"/> Public Holiday Service	
Contact 011 646 6316		Contact NATASHA		<input checked="" type="checkbox"/> Economy		<input type="checkbox"/> After Hours	
Phone		Phone 011 615 1923		<input type="checkbox"/> BLNS Customs Tariff			
Destination Country <input 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)							
Sender's Reference UT113641457		Analysis Code					
SPECIAL INSTRUCTIONS PRODUCTS IN-STORE TRANSFER							
Bill Charges To Account No. 027766		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)					
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)	
1							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) M/LA				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) JO			
Date Received: 10.07.18		Time Received: 12:15		Date Received: 09.07.18		Time Received: 15:30	
Signature: <i>Creef</i>				Signature: <i>[Signature]</i>			

POD COPY



Version Control (08/2017)