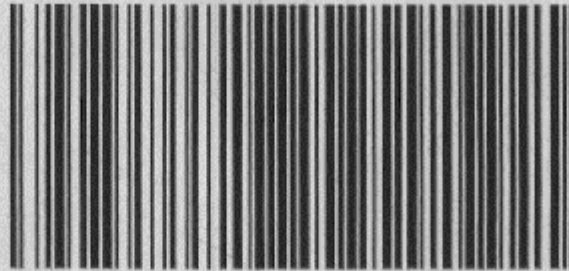


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD27574627

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File

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <u>Le creuset killarney</u>		Company Name <u>Le creuset SA</u>						<input type="checkbox"/> Same Day	
Street Address <u>Shop 100</u>		Street Address <u>Unit 6, Heron Park</u>						<input checked="" type="checkbox"/> Express	
<u>Killarney mall</u>		<u>olive grove, Industrial Estate</u>						<input type="checkbox"/> With Sunrise Option	
<u>Riviera Rd</u>		<u>old Paardvlei Rd</u>						<input type="checkbox"/> With Saturday Service	
Suburb <u>Killarney</u>		Suburb <u>Somerset west</u>						<input type="checkbox"/> Public Holiday Service	
City/Town <u>THB</u> Postal Code <u>7193</u>		City/Town <u>Cape town</u> Postal Code <u>7130</u>						<input type="checkbox"/> Economy	
Contact <u>Natasha</u>		Contact <u>Vickey</u>						<input type="checkbox"/> After Hours	
Phone <u>011 646 6316</u>		Phone <u>021 851 7178</u>						<input type="checkbox"/> BLNS Customs Tariff	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference <u>File</u>		Analysis Code						<input type="checkbox"/> 1. ONLINE	
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"/>		<input type="checkbox"/> 3. EFT	
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						<u>Zambizana</u>		<u>18.06.2018</u>	
						SENDER'S AUTHORISED SIGNATURE		DATE	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
<u>1</u>		<u>1 FLYER</u>							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Lizelle</u>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>Sok</u>				
Date Received: <u>19 06 18</u>		Time Received: <u>08 44</u>		Date Received: <u>18 06 18</u>		Time Received: <u>14 47</u>		Total Mass (Kg)	
Signature: <u>Lizelle</u>					Signature: <u>[Signature]</u>				

POD COPY

Version Control 06/2017