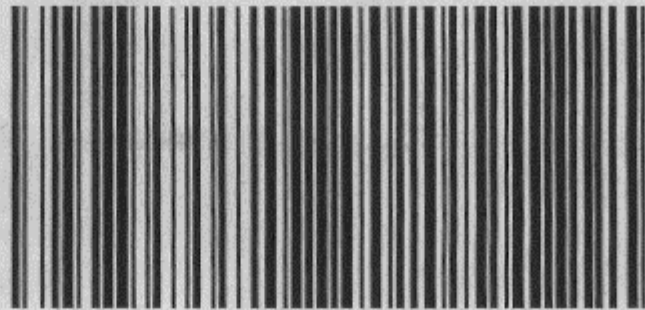


CONTRACT FOR CARRIAGE / DISPATCH NOTE



2 2 2 E E E 2 2 2

SUBBD 0731071



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

SUBBD27592437

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET - GATEWAY		Company Name LE CREUSET				<input type="checkbox"/> Same Day	
Street Address SHOP G 806, GATEWAY THEATRE, 1 PALM BOULEVARD		Street Address UNIT 5, HERON PARK, OLIVE GROVE INDUSTRIAL ESTATE, OLD PAARDEVELI ROAD				<input type="checkbox"/> Express	
Suburb UMHLANGA		Suburb SOMERSET WEST				<input type="checkbox"/> With Sunrise Option	
City / Town DURBAN Postal Code 4001		City / Town CAPE TOWN Postal Code 7129				<input type="checkbox"/> With Saturday Service	
Contact CASSANDRA / SASHA		Contact CARMEN / LAUREN				<input type="checkbox"/> Public Holiday Service	
Phone 031 100 1239		Phone 021 851 7178				<input type="checkbox"/> Economy	
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"/> After Hours	
Sender's Reference UT1 241 7967		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		<input type="checkbox"/> 1. ONLINE	
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)		Total Mass (Kg)					
02		PARCEL					
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) Melisa				Name Of Courier (PLEASE PRINT CLEARLY) Jice 10			
Date Received: 15 05 18		Time Received: 10:20		Date Received: 15 05 18		Time Received: 16:00	
Signature: [Signature]				Signature: [Signature]			

POD COPY

Version Control (08/2017)