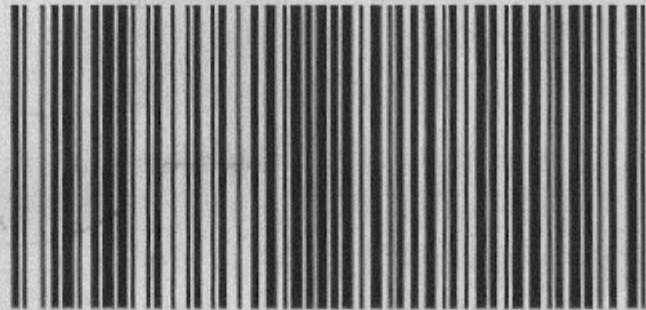


CONTRACT FOR CARRIAGE / DISPATCH NOTE

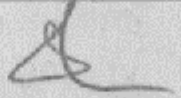




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DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT No. 4880189685

SUBBD27592439


Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSET</b>				Company Name <b>LE CREUSET</b>				<input type="checkbox"/> Same Day	
Street Address <b>Shop G158, 1 Palm Boulevard, Gateway Shopping Centre</b>				Street Address <b>5A UNIT 5, HERON PARK OLIVE GROVE INDUSTRIAL ESTATE OLD PAARDEUET ROAD, SOMERSET</b>				<input type="checkbox"/> Express	
Suburb <b>Umhlanga</b>				Suburb <b>SOMERSET WEST</b>				<input type="checkbox"/> With Sunrise Option	
City/Town <b>DURBAN</b>		Postal Code <b>4000</b>		City/Town <b>CAPE TOWN</b>		Postal Code <b>7129</b>		<input type="checkbox"/> With Saturday Service	
Contact <b>SASHA</b>				Contact <b>CARMEN</b>				<input type="checkbox"/> Public Holiday Service	
Phone <b>031 100 1239</b>				Phone <b>021 851 7178</b>				<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa		Lesotho		Namibia		Swaziland	
		Botswana						Other (Please Specify)	
Sender's Reference <b>UTI</b>				Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No. <b>027766</b>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <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)									
SENDER'S AUTHORIZED SIGNATURE 						DATE <b>10/05/18</b>		3. EFT <input type="checkbox"/>	
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)	
<b>1</b>		<b>1 X BOX</b>							
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY) <b>Nesha</b>					Name Of Courier (PLEASE PRINT CLEARLY) <b>Celo</b>				
Date Received: <b>150518</b>		Time Received: <b>10H20</b>		Date Received: <b>100518</b>		Time Received: <b>1534</b>		Total Mass (Kg)	
Signature: 					Signature: 				

POD COPY

Version Control: 08/2017