

CONTRACT FOR CARRIAGE / DISPATCH NOTE

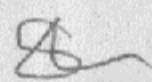
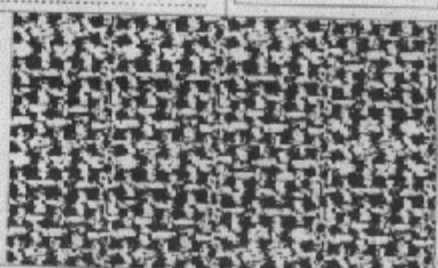
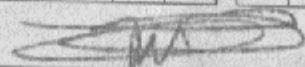


DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT. No. 4880189685



SUBBD27592445

2 2 2 E E E 2 2 2


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</b>				Street Address <b>UNIT 5, HERON PARK</b>				<input checked="" type="checkbox"/> Express																
<b>GATEWAY SHOPPING CENTRE</b>				<b>OLIVE GROVE INDUSTRIAL ESTATE</b>				<input type="checkbox"/> With Sunrise Option																
<b>1 PALM BOULEVARD</b>				<b>OLD PRAKDEVEI ROAD</b>				<input type="checkbox"/> With Saturday Service																
Suburb <b>UMHLANGA</b>				Suburb <b>SOMERSET WEST</b>				<input type="checkbox"/> Public Holiday Service																
City / Town <b>DURBAN</b>		Postal Code <b>4000</b>		City / Town <b>CAPE TOWN</b>		Postal Code <b>7129</b>		<input type="checkbox"/> Economy																
Contact <b>SASHA</b>				Contact <b>M: CARMEN</b>				<input type="checkbox"/> After Hours																
Phone <b>021 100 1239</b>				Phone <b>021 851 7178</b>				<input type="checkbox"/> BLNS Customs Tariff																
Destination Country		South Africa		Lesotho		Namibia		Swaziland																
Other		(Please Specify)																						
Sender's Reference <b>4 T I 7 0 4 6 2 8</b>				Analysis Code																				
<b>SPECIAL INSTRUCTIONS</b>																								
Bill Charges To Account No. <b>0 2 7 7 6 6</b>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other <input type="checkbox"/>		1. ONLINE <input type="checkbox"/>																
								3. EFT <input type="checkbox"/>																
<p><small>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).</small></p>																								
SENDER'S AUTHORIZED SIGNATURE 						DATE <b>03/04/18</b>		Total Mass (Kg)																
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number																								
<table border="1"> <thead> <tr> <th>Total Parcels</th> <th>NO. OF PARCELS PER DIMENSIONS</th> <th>LENGTH (CM)</th> <th>WIDTH (CM)</th> <th>HEIGHT (CM)</th> </tr> </thead> <tbody> <tr> <td><b>1</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td colspan="3"><b>1 X FLUTER</b></td> </tr> </tbody> </table>										Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	<b>1</b>							<b>1 X FLUTER</b>		
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<b>1</b>																								
		<b>1 X FLUTER</b>																						
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>CARMEN</b>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>SICETO</b>																			
Date Received: <b>04 04 18</b>		Time Received: <b>09 26</b>		Date Received: <b>03 04 18</b>		Time Received: <b>12 15</b>																		
Signature: <b>Carmen</b>					Signature: 																			

POD COPY

Version Control (08/2017)