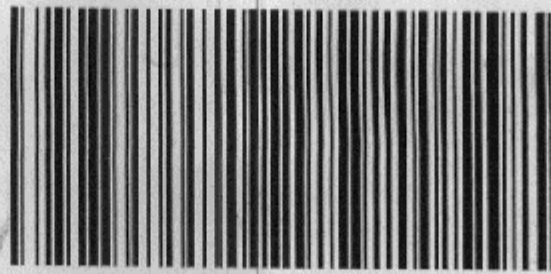


CONTRACT FOR CARRIAGE / DISPATCH NOTE

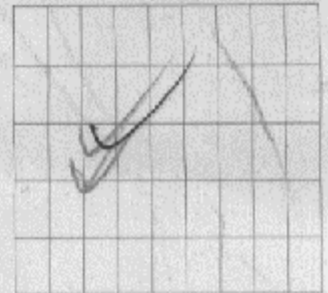
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DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



SUBBD27648290



Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET HOBART GROVE		Company Name LE CREUSET				<input type="checkbox"/> Same Day	
Street Address SHOP G1 CNR HOBART & GROSVENOR ROAD		Street Address UNIT 5, HERON PARK OLIVE GROVE INDUSTRIAL ESTATE OLD PAARDEVEI ROAD				<input checked="" type="checkbox"/> Express	
Suburb BEVANSTON		Suburb SOMERSET WEST				<input type="checkbox"/> With Sunrise Option	
City / Town JNB	Postal Code 2021	City / Town CAPE TOWN	Postal Code 7129			<input type="checkbox"/> With Saturday Service	
Contact SEVARIAN		Contact WICKY				<input type="checkbox"/> Public Holiday Service	
Phone 011 568 4708		Phone 021 851 7178				<input type="checkbox"/> Economy	
Destination Country <input checked="" type="checkbox"/> South Africa		Other (Please Specify)				<input type="checkbox"/> After Hours	
Sender's Reference		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <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).							
SEVARIAN				DATE		1. ONLINE <input type="checkbox"/>	
Sfe				05/02/2018		3. EFT <input type="checkbox"/>	
SENDER'S AUTHORISED SIGNATURE						Total Mass (Kg)	
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)	
1							
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) Madame				Name Of Courier (PLEASE PRINT CLEARLY) SICAS			
Date Received: 06/05/18		Time Received: 0940		Date Received: 03/05/18		Time Received: 1230	
Signature:				Signature:			

POD COPY

Version Control (03/2017)