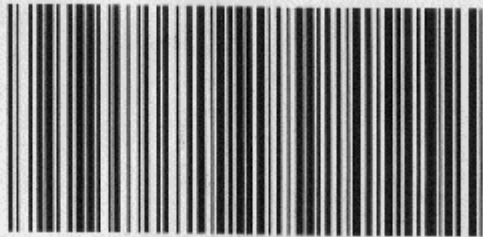


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/D16342/07
VAT No. 4880189685



SUBBD27648345

2 2 2 E E E 2 2 2

Sender's Details Company Name: <u>LE CREUSET HOBART GROVE</u> Street Address: <u>SHOP G1 CNR HOBART & GROSVENOR ROAD</u> Suburb: <u>RYANSTON</u> City/Town: <u>JNB</u> Postal Code: <u>2021</u> Contact: <u>SEVARIAN</u> Phone: <u>011 568 4708</u>				Consignee's Details. Full Street Address Please Company Name: <u>LE CREUSET MALL OF AFRICA</u> Street Address: <u>SHOP 2040 MALL OF AFRICA C/O BEN SCHOEMAN AND ALLENSDALE WATERFALL ESTATE</u> Suburb: <u>JOHANNESBURG</u> Postal Code: <u>2097</u> Contact: <u>PHILOLE</u> Phone: <u>011 568 2097</u>				Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours	
Destination Country: <u>South Africa</u>		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)		BLNS Customs Tariff					
SPECIAL INSTRUCTIONS Bill Charges To Account No: <u>027766</u> Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)				1. ONLINE <input type="checkbox"/> 3. EFT <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 AUTHORISED SIGNATURE: <u>[Signature]</u> DATE: <u>09/07/18</u>					
Total Parcels: <u>1</u>		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM) WIDTH (CM) HEIGHT (CM)					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>Tshidi</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u>[Signature]</u>					
Date Received: <u>100718</u>		Time Received: <u>1100</u>		Date Received: <u>090718</u> Time Received: <u>1445</u>					
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>					

POD COPY

Version Control: 08/2017