

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
 Via DSV Distribution
 PO Box 63, The Reeds 0051
 Tel: (012) 573-2000
 Reg. No. 2000/016342/07
 VAT No. 4680169685



SUBBD27650861

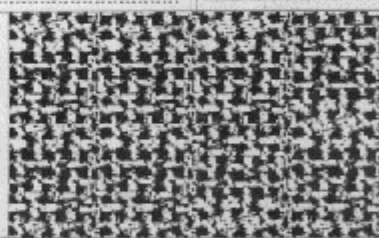
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| Sender's Details | | Consignee's Details. Full Street Address Please | | | | Mark Service Required | |
|--|--|---|--------------------|---|--------------------|---|--|
| Company Name LE CREUSET | | Company Name Le Creuset Hobart Grove | | | | <input type="checkbox"/> Same Day | |
| Street Address CNR KLIPRIVIER DRIVE & SWARTKOPPIES RD- SHOP G062 | | Street Address Shop G1 | | | | <input type="checkbox"/> Express | |
| MALL OF THE SOUTH | | Cnr Hobart & Grosvenor Rd | | | | <input type="checkbox"/> With Sunrise Option | |
| Suburb ASPEN HILLS | | Suburb Bryanston | | | | <input type="checkbox"/> With Saturday Service | |
| City / Town JNB Postal Code 2013 | | City / Town Bryanston Postal Code 2021 | | | | <input type="checkbox"/> Public Holiday Service | |
| Contact LULO NONOISE | | Contact Beverion | | | | <input checked="" type="checkbox"/> Economy | |
| Phone 010 500 0223 | | Phone 011 568 4708 | | | | <input type="checkbox"/> After Hours | |
| Destination Country <input checked="" type="checkbox"/> South Africa | | Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other <input type="checkbox"/> (Please Specify) | | | | BLNS Customs Tariff | |
| Sender's Reference AT12855642 | | Analysis Code | | | | 1. ONLINE <input type="checkbox"/> | |
| SPECIAL INSTRUCTIONS | | | | | | | |
| Bill Charges To Account No. 027766 | | Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> 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 R250.00 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) | |
| 1 | | | | | | | |
| Goods received in full without damage (unless endorsed) | | | | Received By DSV | | | |
| Name Of Receiver (PLEASE PRINT CLEARLY) Felicity | | | | Name Of Courier (PLEASE PRINT CLEARLY) Andrew | | | |
| Date Received: 130618 | | Time Received: 1205 | | Date Received: 120618 | | Time Received: 1530 | |
| Signature: [Signature] | | | | Signature: [Signature] | | | |

POD COPY

12-06-2018



Version Control (04/2017)