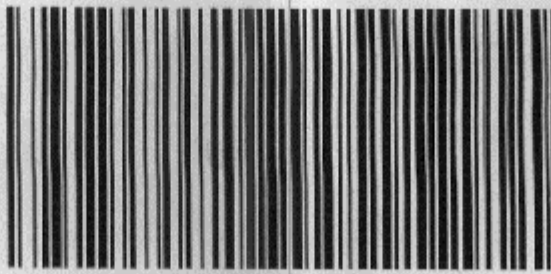


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27650876

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name LE CREUSET		Company Name Le creuset Tyger Valley						<input type="checkbox"/> Same Day	
Street Address CNR KLIPRIVIER DRIVE & SWARTKOPPIES RD- SHOP G062		Street Address Shop 513, Upper Level Tyger Valley Centre.						<input type="checkbox"/> Express	
Suburb ASPEN HILLS		Suburb Cnr. Bill Bezuidenhout and Willie van Schoor avenues, Belville						<input type="checkbox"/> With Sunrise Option	
City/Town JNB	Postal Code 2013	City/Town				Postal Code 7530		<input type="checkbox"/> With Saturday Service	
Contact LULO NONOISE		Contact Leandre						<input type="checkbox"/> Public Holiday Service	
Phone 010 500 0223		Phone 021 914 7053						<input checked="" type="checkbox"/> Economy	
Destination Country		<input checked="" type="checkbox"/> South Africa		<input type="checkbox"/> Botswana	<input type="checkbox"/> Lesotho	<input type="checkbox"/> Namibia	<input type="checkbox"/> Swaziland	<input type="checkbox"/> After Hours	
Other (Please Specify)		Analysis Code						<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference UT 112260181								<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS								<input type="checkbox"/> 3. EFT	
Bill Charges To Account No. 027766		Bill To Sender <input checked="" type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		Total Mass (Kg)	
		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.							
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).									
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)	
1									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) L A R A					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) M. M. M. M.				
Date Received: 04 05 18					Date Received: 02 05 18				
Time Received: 1240					Time Received: 1315				
Signature:					Signature:				

POD COPY

Version Control: 04/2017