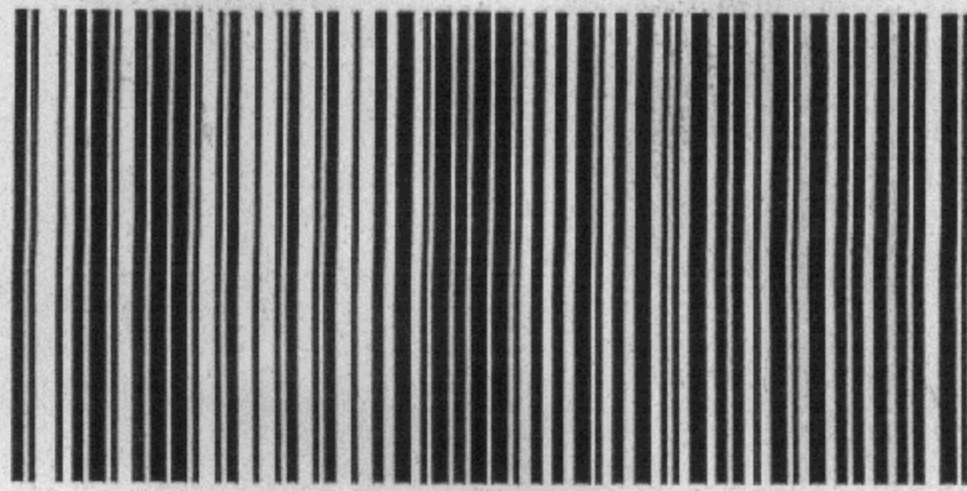


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27862141

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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 G 158</b>		Street Address <b>UNIT 5, HERON PARK</b>						<input checked="" type="checkbox"/> Express	
<b>1 Palm Boulevard</b>		<b>OLIVE GROVE INDUSTRIAL ESTATE</b>						<input type="checkbox"/> With Sunrise Option	
<b>Umhlanga Ridge</b>		<b>OLD PARDEULEI 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>LAUREN</b>						<input type="checkbox"/> After Hours	
Phone <b>031 100 1239</b>		Phone <b>021 851 7178</b>						BLNS Customs Tariff	
Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other	(Please Specify)		
Sender's Reference <b>UT I 9 6 4 6 5 4 4</b>		Analysis Code						1. ONLINE <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No. <b>027766</b>	Bill To Sender <input type="checkbox"/>	Consignee <input type="checkbox"/>	Other (Name Please) <input type="checkbox"/>						
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			
<b>Total Parcels</b>	<b>NO. OF PARCELS PER DIMENSIONS</b>	<b>LENGTH (CM)</b>	<b>WIDTH (CM)</b>	<b>HEIGHT (CM)</b>					
<b>1</b>	<b>1 X FLYER</b>								
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>JENNA A</b>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>SBONE IO</b>				
Date Received: <b>04 01 18</b>		Time Received: <b>0845</b>			Date Received: <b>03 01 18</b>		Time Received: <b>1444</b>		
Signature:					Signature:				

POD COPY

Version Control (08/2017)

