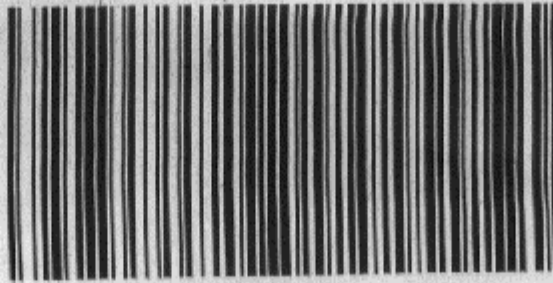


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27985608

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name <u>Le Creuset Sandton</u>		Company Name <u>Le Creuset Head Office</u>				<input type="checkbox"/> Same Day
Street Address <u>Shop L339 Lower Level Sandton City Shopping Centre</u>		Street Address <u>Unit 5 Heron Park Industrial Estate Old Paardevlei Road.</u>				<input checked="" type="checkbox"/> Express
Suburb <u>Sandhurst</u>		Suburb <u>Somerset West</u>				<input type="checkbox"/> With Sunrise Option
City / Town <u>JHB</u>	Postal Code <u>2196</u>	City / Town <u>Cape-town</u>	Postal Code			<input type="checkbox"/> With Saturday Service
Contact <u>Karabo</u>	Phone <u>011 74-0301</u>	Contact <u>Lauren Allers</u>	Phone			<input type="checkbox"/> Public Holiday Service
Destination Country		(Please Specify)				<input type="checkbox"/> Economy
<input checked="" type="checkbox"/> South Africa		<input type="checkbox"/> Botswana				<input type="checkbox"/> After Hours
<input type="checkbox"/> Lesotho		<input type="checkbox"/> Namibia				<input type="checkbox"/> BLNS Customs Tariff
<input type="checkbox"/> Swaziland		<input type="checkbox"/> Other				<input type="checkbox"/> 1. ONLINE
Sender's Reference <u>ut i 1091108</u>		Analysis Code				<input type="checkbox"/> 3. EFT
SPECIAL INSTRUCTIONS						
Bill Charges To Account No. <u>027766</u>		Bill To <input 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 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)	Total Mass (Kg)
<u>1</u>						
Goods received in full without damage (unless endorsed)				Received By DSV		
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)		
<u>LAUREN</u>				<u>Lauren</u>		
Date Received:		Time Received:		Date Received:		Time Received:
<u>080318</u>		<u>0920</u>		<u>070318</u>		<u>1310</u>
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>		

POD COPY

Version Control (08/2017)

07/03/18

