

CONTRACT FOR CARRIAGE / DISPATCH NOTE

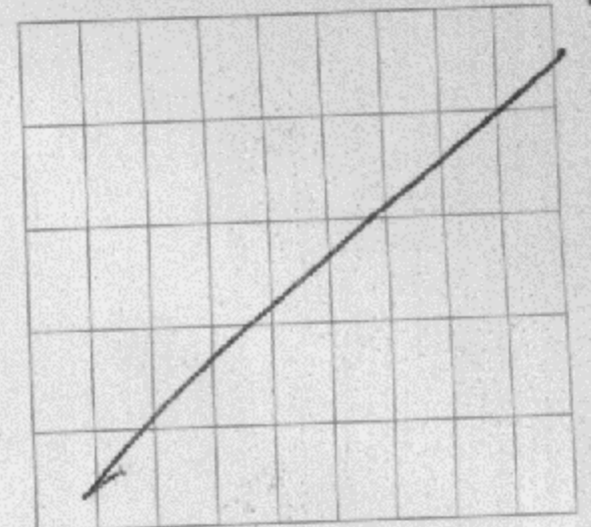


DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT. No. 4880189685



SUBBD28131455

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>Le Creuset - Centurion</b>	Company Name <b>Le Creuset</b>	Street Address <b>Unit 1; Heron Park Olive Grove Industrial Estate Old Paardevlei road Somerset - West</b>				<input type="checkbox"/> Same Day	
Street Address <b>Shop 312 E - Centurion Mall Heunel Ave 3 Gordon hoad rd.</b>	Street Address	Suburb <b>Cape Town</b>				<input type="checkbox"/> Express	
Suburb <b>Centurion</b>	Suburb	City / Town <b>Cape Town</b>				<input type="checkbox"/> With Sunrise Option	
City / Town <b>Pretoria</b>	City / Town	Postal Code <b>8001</b>				<input type="checkbox"/> With Saturday Service	
Contact <b>Eureca</b>	Contact <b>Carmen</b>	Phone <b>021 851 7178</b>				<input type="checkbox"/> Public Holiday Service	
Phone <b>012 004 0217</b>	Phone	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"/> Other (Please Specify)				<input type="checkbox"/> Economy	
Destination Country	Analysis Code	Sender's Reference <b>WHITE CUBES</b>				<input type="checkbox"/> After Hours	
Sender's Reference	SPECIAL INSTRUCTIONS				BLNS Customs Tariff		
Bill Charges To Account No. <b>027760</b>	Bill To Sender <input type="checkbox"/>	Consignee <input type="checkbox"/>	Other (Name Please) <input type="checkbox"/>		1. ONLINE <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).						3. EFT <input type="checkbox"/>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number						SENDER'S AUTHORIZED SIGNATURE <b>[Signature]</b> DATE <b>26/06/2018</b>	
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)	
<b>701 Box</b>							
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) <b>Carmen</b>				Name Of Courier (PLEASE PRINT CLEARLY) <b>JAKES</b>			
Date Received: <b>280618</b>		Time Received: <b>0915</b>		Date Received: <b>280818</b>		Time Received: <b>1545</b>	
Signature: <b>[Signature]</b>				Signature: <b>[Signature]</b>			

POD COPY

Version Control (08/2017)