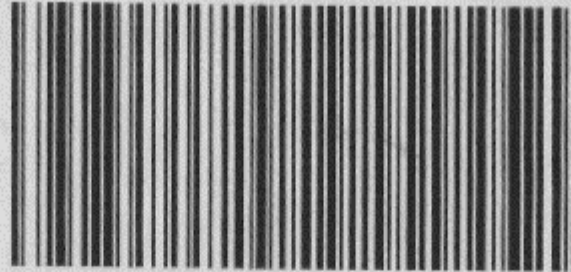


CONTRACT FOR CARRIAGE / DISPATCH NOTE



2 2 2 E E E 2 2 2



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

SUBBD28186085


Sender's Details		Consignee's Details. Full Street Address Please					
Company Name <u>Le Creuset - Centurion</u>		Company Name <u>Le Creuset</u>					
Street Address <u>Shop 312 E; Centurion Mall Heuwel Ave 3, Gordon Hood road</u>		Street Address <u>Unit 1; Helon Park Olive Grove Industrial Estate Old Paardevelei 100g</u>					
Suburb <u>Centurion</u>		Suburb <u>Somerset - West</u>					
City / Town <u>Pretoria</u> Postal Code <u>0157</u>		City / Town <u>Cape Town</u> Postal Code <u>8001</u>					
Contact <u>Eureka</u>		Contact <u>Carmen</u>					
Phone <u>012 004 0217</u>		Phone <u>021 851 7178</u>					
Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)	
Sender's Reference <u>CRATES</u>		<u>UT13558513</u>		Analysis Code			
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender		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			

Man Service Required
Same Day
Express
With Sunrise Option
With Saturday Service
Public Holiday Service
Economy
After Hours
BLNS Customs Tariff
1. ONLINE <input type="checkbox"/>
3. EFT <input type="checkbox"/>
Total Mass (Kg)

POD COPY

*[Signature]*  
SENDER'S AUTHORIZED SIGNATURE  
DATE 08/07/2018

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<u>1</u>	<u>Box</u>			

Goods received in full without damage (unless endorsed)  
Name Of Receiver (PLEASE PRINT CLEARLY)  
Carmen

Date Received: 050718 Time Received: 0820

Signature: *[Signature]*

Received By DSV  
Name Of Courier (PLEASE PRINT CLEARLY)  
Eureka

Date Received: 030718 Time Received: 1620

Signature: *[Signature]*

