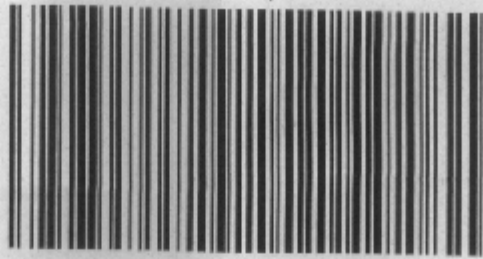


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
 Via DSV Distribution
 PO Box 63, The Reeds 0061
 Tel: (012) 673-2000
 Reg. No. 2000/016342/07
 VAT No. 4880189565



SUBBD28212352

2 2 2 E E E 2 2 2

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required			
Company Name LE CREUSET BRYANSTON		Company Name LE CREUSET CLEAR WATER				<input type="checkbox"/> Same Day			
Street Address SHOP G1 CNR HOBART & GROSVENOR ROADS		Street Address SHOP UM030A CLEARWATER MALL CHRISTIAN DE WET ROAD CLEARWATER				<input type="checkbox"/> Express			
Suburb BRYANSTON		Suburb CLEARWATER				<input type="checkbox"/> With Sunrise Option			
City / Town JNB	Postal Code 2021	City / Town JOHANNESBURG	Postal Code 2001			<input type="checkbox"/> With Saturday Service			
Contact SEVARIAN		Contact CISA				<input type="checkbox"/> Public Holiday Service			
Phone 011 568 4708		Phone 011 475 1202				<input checked="" type="checkbox"/> Economy			
Destination Country <input checked="" type="checkbox"/> South Africa		<input type="checkbox"/> Botswana		<input type="checkbox"/> Lesotho		<input type="checkbox"/> After Hours			
<input type="checkbox"/> Namibia		<input type="checkbox"/> Swaziland		<input type="checkbox"/> Other (Please Specify)		<input type="checkbox"/> BLNS Customs Tariff			
Sender's Reference		Analysis Code				<input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT			
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. 027766		Bill To Sender <input checked="" 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				S. J. 23/7/2018 SENDER'S AUTHORISED SIGNATURE DATE Total Mass (Kg)	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)			
1									
HEIGHT (CM)									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) LISA				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) S. J. J. J.					
Date Received: 240718		Time Received: 1003		Date Received: 230718		Time Received: 1520			
Signature: <i>Lisa</i>				Signature: <i>S. J. J. J.</i>					

Winnon Central (03/2017)