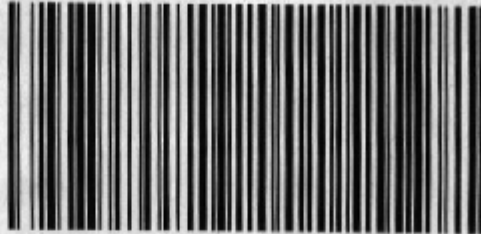


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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. 4680189685



SUBBD28212367

2 2 2 E E E 2 2 2

To Be C.O.D.


Sender's Details		Consignee's Details. Full Street Address Please					
Company Name <b>LE CREUSET BRYANSTON</b>		Company Name <b>LE CREUSET RUSTENBURG</b>					
Street Address <b>SHOP G1 CNR HOBART &amp; GROSVENOR ROADS</b>		Street Address <b>SHOP 101 WATERFALL MALL AUGRABIES AVENUE</b>					
Suburb <b>BRYANSTON</b>		Suburb <b>WATERFALL</b>					
City/Town <b>JNB</b>	Postal Code <b>2021</b>	City/Town <b>RUSTENBURG</b>	Postal Code <b>0299</b>				
Contact <b>SEVARIAN</b>		Contact <b>MAVIS</b>					
Phone <b>011 568 4708</b>		Phone <b>014 537 2279</b>					
Destination Country	<input checked="" type="checkbox"/> South Africa	<input type="checkbox"/> Botswana	<input type="checkbox"/> Lesotho	<input type="checkbox"/> Namibia	<input type="checkbox"/> Swaziland	Other (Please Specify)	
Sender's Reference		Analysis Code					

Mark Service Required
Same Day
Express
With Sunrise Option
With Saturday Service
Public Holiday Service
<input checked="" type="checkbox"/> Economy
After Hours
BLNS Customs Tariff

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **027766**

Bill To  Sender  Consignee  Other (Name Please)

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).

*S. He*  
SENDER'S AUTHORIZED SIGNATURE

DATE

1. ONLINE

3. EFT

e-mail / Fax / Proof of Delivery  e-mail Address / Fax Number

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

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

Date Received: **30 07 18**

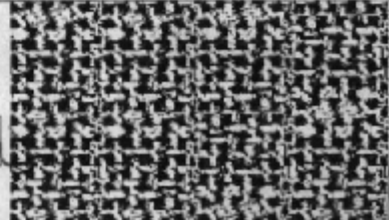
Signature: *[Signature]*

Received By DSV  
Name Of Courier (PLEASE PRINT CLEARLY)  
**[Signature]**

Date Received: **27 07 18**

Time Received: **16 00**

Signature: *[Signature]*



POD COPY

Version Control (08/2017)

Total Mass (Kg)