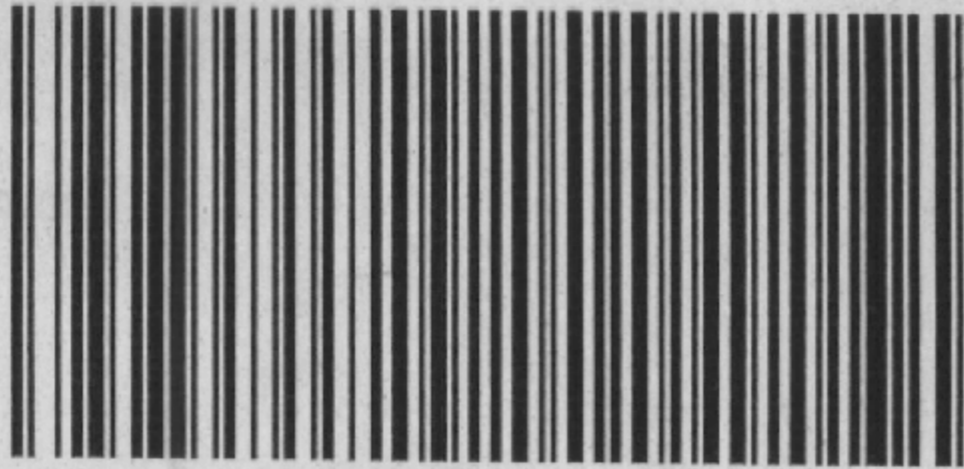


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD28212389

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name LE CREUSET BRYANSTON		Company Name LE CREUSET						<input type="checkbox"/> Same Day	
Street Address SHOP G1 CNR HOBART & GROSVENOR ROADS		Street Address shop 513 upper level Tygervalley center bill Bezuidenhout RD						<input type="checkbox"/> Express	
Suburb BRYANSTON		Suburb Bellville						<input type="checkbox"/> With Sunrise Option	
City / Town JNB	Postal Code 2021	City / Town CAPE TOWN	Postal Code 7530	<input type="checkbox"/> With Saturday Service		<input type="checkbox"/> Public Holiday Service			
Contact SEVARIAN	Phone 011 568 4708	Contact 021 914 Lizach	Phone	<input type="checkbox"/> Economy		<input type="checkbox"/> After Hours			
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"/> BLNS		<input type="checkbox"/> Customs		<input type="checkbox"/> Tariff	
Sender's Reference		Analysis Code		<input type="checkbox"/> 1. ONLINE		<input type="checkbox"/> 3. EFT		Total Mass (Kg)	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. 027766		Bill To <input checked="" 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					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT(CM)	
[]		[]		[]		[]		[]	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) A B I G A I L					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Mido				
Date Received: 1 9 0 8 1 8		Time Received: 1 3 1 5		Date Received: 1 5 0 8 1 8		Time Received: 1 7 0 3		[Image]	
Signature: [Signature]					Signature: [Signature]				

POD COPY

Version Control (08/2017)