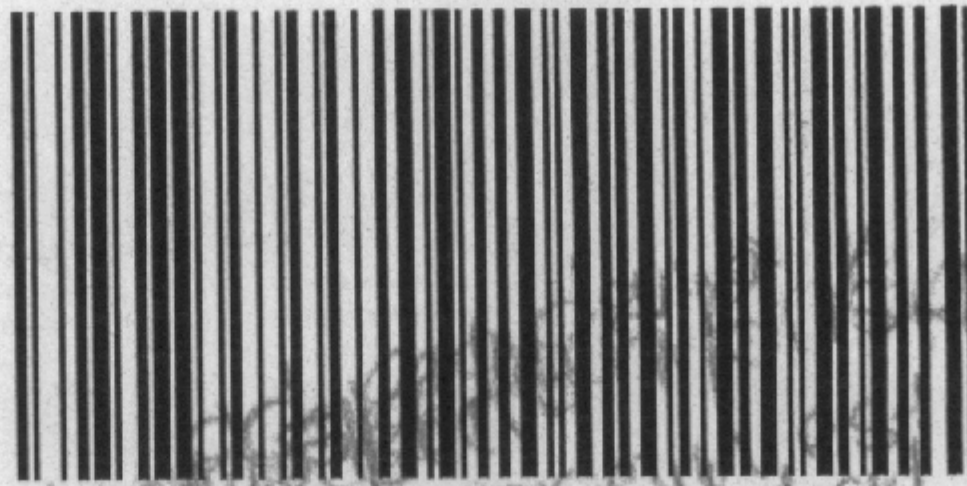


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



2 2 2 E E E 2 2 2

SUBBD28212420

SUBHT232251
SUBHT2322512
SUBHT2322513
SUBHT2322515
SUBHT2322516
SUBHT11880748
SUBHT11880748

Sender's Details				Consignee's Details. Full Street Address Please				Service Required	
Company Name LE CREUSET BRYANSTON				Company Name LE CREUSET				<input type="checkbox"/> Same Day	
Street Address SHOP G11 CNR HOBART & GROSVENOR ROADS				Street Address UNIT 5, HERON PARK OLIVE GROVE INDUSTRIAL ESTATE OLD PAARDEVEI ROAD				<input type="checkbox"/> Express	
Suburb BRYANSTON				Suburb SOMERSET WEST				<input type="checkbox"/> With Sunrise Option	
City / Town JNB		Postal Code 2021		City / Town CAPE TOWN		Postal Code 7129		<input type="checkbox"/> With Saturday Service	
Contact SEVARIAN				Contact FRANCI				<input type="checkbox"/> Public Holiday Service	
Phone 011 568 4708				Phone 021 851 0071				<input type="checkbox"/> Economy	
Destination Country		<input checked="" type="checkbox"/> South Africa		<input type="checkbox"/> Botswana		<input type="checkbox"/> Lesotho		<input type="checkbox"/> After Hours	
Sender's Reference SOR BET BLOCKS		Analysis Code		Analysis Code		Analysis Code		<input type="checkbox"/> BLNS Customs Tariff	
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"/>		<input type="checkbox"/> 1. ONLINE	
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)	
8		1x1x1		100		100		100	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) BASIL					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) EMMA				
Date Received: 200818					Date Received: 17/08/18				
Time Received: 0930					Time Received: 1530				
Signature:					Signature:				

POD COPY

Version Control (08/2017)