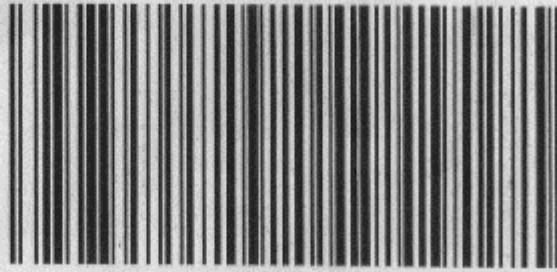


CONTRACT FOR CARRIAGE / DISPATCH NOTE


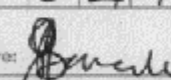
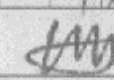
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DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT No. 4880189685



SUBBD28235361

Sender's Details Company Name: LI CREUSET ROSEBANK Street Address: SHOP 202A ROSEBANK MALL BATH AVENUE Suburb: _____ City/Town: JNB Postal Code: 2196 Contact: ELLEN Phone: 011 568 4754		Consignee's Details. Full Street Address Please Company Name: Le Creuset Street Address: UNIT 5 HERON PARK, OLIVE GROVE, INDUSTRIAL ESTATE, OLD PAAKDEVLEI ROAD Suburb: SOMERSET WEST City/Town: CAPE TOWN Postal Code: 8001 Contact: VICKY Phone: 021 951 7178		Mark Service Required <input type="checkbox"/> Same Day <input checked="" type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <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)		BLNS Customs Tariff: _____		
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766		Bill To: <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> 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).		SENDER'S AUTHORIZED SIGNATURE:  DATE: 16/04/18		
Total Parcels: _____ NO. OF PARCELS PER DIMENSIONS LENGTH (CM): _____ WIDTH (CM): _____ HEIGHT (CM): _____		Total Mass (Kg): _____		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): J BENADE Date Received: 17 04 18 Time Received: 10 56 Signature: 		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): 104411471 Date Received: 16 04 18 Time Received: 14 10 Signature: 		

POD COPY

