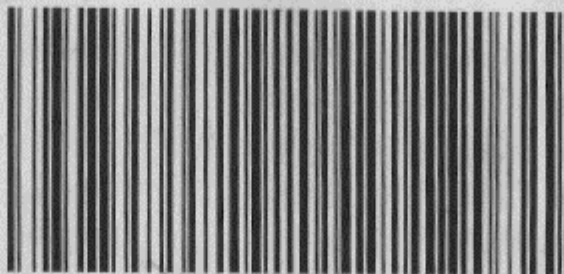


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD28235372

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| Sender's Details | | Consignee's Details - Full Street Address Please | | | | | | Mark Service Required | |
|---|-------------------------|--|--|------------------------------------|--|--|--|---|--|
| Company Name LE CREUSET ROSEBANK | | Company Name LE CREUSET | | | | | | <input type="checkbox"/> Same Day | |
| Street Address SHOP 202A ROSEBANK MALL | | Street Address UNIT 1 HERON PARK OLIVE GROVE INDUSTRIAL ESTATE OLD PAARDEURLEIL | | | | | | <input checked="" type="checkbox"/> Express | |
| Suburb BATH AVENUE | | Suburb SOMERSET WEST | | | | | | <input type="checkbox"/> With Sunrise Option | |
| City / Town JNB | Postal Code 2196 | City / Town JNB CAPE TOWN | | Postal Code | | <input type="checkbox"/> With Saturday Service | | | |
| Contact ELLEN | | Contact NICKI | | | | | | <input type="checkbox"/> Public Holiday Service | |
| Phone 011 568 4754 | | Phone 021 852 7944 | | | | | | <input type="checkbox"/> Economy | |
| Destination Country | | South Africa <input checked="" type="checkbox"/> | | Botswana | | Lesotho | | <input type="checkbox"/> After Hours | |
| | | | | | | | | BLNS Customs Tariff | |
| Sender's Reference | | Analysis Code | | | | | | 1. ONLINE <input type="checkbox"/> | |
| 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"/> | | 3. EFT <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 | | | | | |
| Total Parcels | | NO. OF PARCELS PER DIMENSIONS | | LENGTH (CM) | | WIDTH (CM) | | HEIGHT (CM) | |
| 1 | | 1 | | 1 | | 1 | | 1 | |
| 1 | | 1 | | 1 | | 1 | | 1 | |
| 1 | | 1 | | 1 | | 1 | | 1 | |
| Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) LIZELLE | | | | | Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) WILLIAMS | | | | |
| Date Received: 08/07/18 | | Time Received: 09:14 | | Date Received: 08/07/18 | | Time Received: 15:20 | | | |
| Signature: <i>[Signature]</i> | | Signature: <i>[Signature]</i> | | Signature: <i>[Signature]</i> | | Signature: <i>[Signature]</i> | | | |

POD COPY

Version Control (08/2017)