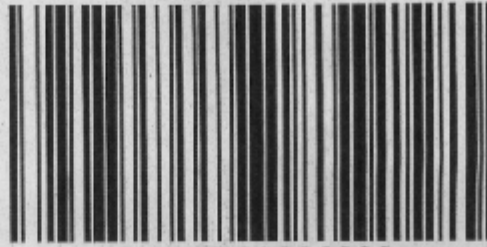


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2



DSV Road (Pty) Ltd
 1/a DSV Distribution
 PO Box 63, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2000/016342/07
 VAT. No. 4680189685



SUBBD28386029

ADDITIONAL
TRACKING
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>LE CREUSET LA LUCIA</u>		Company Name <u>LE CREUSET GATEWAY</u>				Same Day	
Street Address <u>SHOP03, 90 WILLIAM C</u>		Street Address <u>SHOP 086</u>				Express	
<u>LA LUCIA MALL</u>		<u>1 PALM BOULEVARD</u>				With Sunrise Optio	
<u>DURBAN NORTH</u>		<u>GATEWAY THEATRE OF SHOPPING.</u>				With Saturday Servi	
Suburb		Suburb <u>UMHLANGA.</u>				Public Holiday Servi	
City / Town <u>DUR</u> Postal Code <u>4000</u>		City / Town <u>DURBAN</u> Postal Code <u>4321</u>				Economy <input checked="" type="checkbox"/>	
Contact		Contact <u>CASSANDRA.</u>				After Hours	
Phone <u>0315725045</u>		Phone <u>031-106 1239</u>				BLNS Customs Tariff	
Destination Country		South Africa <input checked="" type="checkbox"/> Botswana		Lesotho Namibia Swaziland Other (Please Specify)			
Sender's Reference <u>UTI4099109</u>		Analysis Code					
SPECIAL INSTRUCTIONS							
Tariff Code <u>027766</u>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		1. ONLINE <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 1000.00 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					3. EFT <input type="checkbox"/>
Total Parcels							
NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
<u>01 Box.</u>							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>MATEIA</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>GERALD</u>			
Date Received: <u>060818</u>		Time Received: <u>1251</u>		Date Received: <u>030818</u>		Time Received: <u>1400</u>	
Signature: <u>A. Bu</u>				Signature: <u>[Signature]</u>			

POD COPY

Version Control (01/2018)

