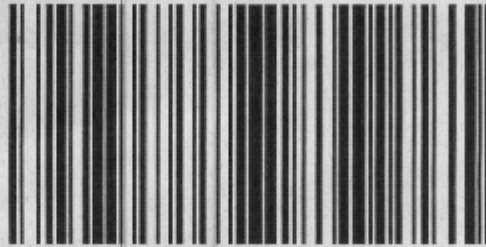


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



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. 4880169685



SUBBD28386054

ADDITIONAL
TRACKING
NUMBERS

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required			
Company Name LE CREUSET LA LUCIA				Company Name LE CREUSET GATEWAY				<input type="checkbox"/> Same Day			
Street Address SHOP 03, 90 WILLIAM CAMPBELL LA LUCIA MALL				Street Address SHOP 6159, 1 PRIM BOULEVARD GATEWAY THEATER OF SHOPPING				<input type="checkbox"/> Express			
DURBAN NORTH				UMHLANGA				<input type="checkbox"/> With Sunrise Option			
Suburb				Suburb DURBAN				<input type="checkbox"/> With Saturday Service			
City / Town DUR		Postal Code 4000		City / Town DURBAN		Postal Code 4000		<input checked="" type="checkbox"/> Economy			
Contact				Contact CASSANDRA				<input type="checkbox"/> After Hours			
Phone 0315725045				Phone 031 7001239				<input type="checkbox"/> BLNS Customs Tariff			
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		Lesotho		Namibia			
								Swaziland			
								Other (Please Specify)			
Sender's Reference UT 1				Analysis Code				1. ONLINE <input type="checkbox"/>			
SPECIAL INSTRUCTIONS											
Tariff Code 027766		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		3. EFT <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 R4000.00 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 AUTHORISED SIGNATURE			DATE		Total Mass (Kg)		
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		BOX									
Goods received in full without damage (unless endorsed)					Received By DSV						
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)						
CASSANDRA					Cassandra						
Date Received:		Time Received:			Date Received:		Time Received:				
070119		0908			040119		1400				
Signature:					Signature:						

POD COPY

Version Control (01/2018)