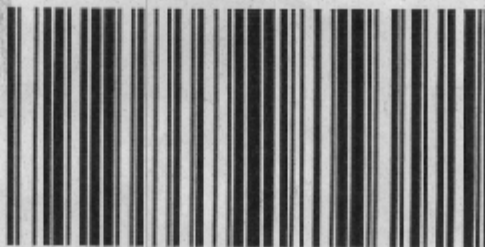


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



DSV Road (Pty) Ltd  
 t/a DSV Distribution  
 PO Box 53, The Reeds 0061  
 Tel (012) 673-2000  
 Reg. No. 2000/016342/07  
 VAT. No. 4860189685



SUBBD28386073


POD COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name	LE CREUSET LA LUCIA	Company Name	SHOP 244, LEVEL 2	<input type="checkbox"/> Same Day	
Street Address	SHOP 03, 90 WILLIAM CAMPBELL LA LUCIA MALL	Street Address	LEONARA DRIVE	<input type="checkbox"/> Express	
	DURBAN NORTH		BALUTO JUNCTION	<input type="checkbox"/> With Sunrise Option	
Suburb		Suburb	DOLPHIN COAST	<input type="checkbox"/> With Saturday Service	
City / Town	DUR	City / Town	DURBAN	<input type="checkbox"/> Public Holiday Service	
Postal Code	4000	Postal Code	SASHA	<input type="checkbox"/> Economy	
Contact		Contact		<input type="checkbox"/> After Hours	
Phone	0315725045	Phone		<input type="checkbox"/> BLNS Customs Tariff	

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
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Sender's Reference	UT16457787	Analysis Code	
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SPECIAL INSTRUCTIONS: FRAGILE

Tariff Code	027766	Bill To Sender <input type="checkbox"/>	Consignee <input type="checkbox"/>	Other (Name Please) <input type="checkbox"/>
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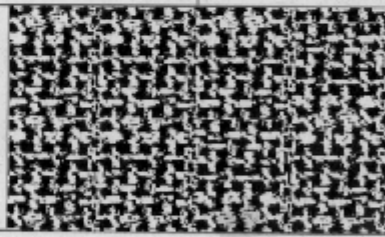
If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.

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)

SENDER'S AUTHORISED SIGNATURE: *[Signature]* DATE: 05/02/2019

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)	
SASHA		MATTHEW	
Date Received:	Time Received:	Date Received:	Time Received:
06 02 19	13 48	05 02 19	19 50
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	



Version Control (01/2018)