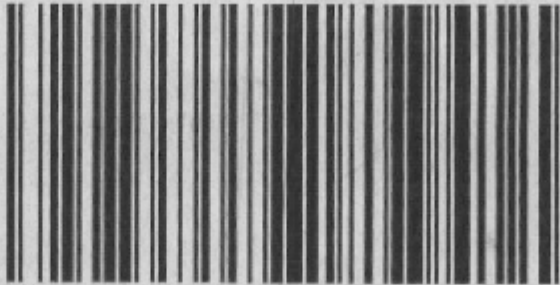


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



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|---|--|--------------------------------------|--|--|---|--------------------------|-------------------------------|--|--|
| Sender's Details | | | | Consignee's Details. Full Street Address Please | | | | Mark Service Required | |
| Company Name LE CREUSET LA LUCIA | | | | Company Name LE CREUSET OPT | | | | <input type="checkbox"/> Same Day | |
| Street Address SHOPO3, 90 WILLIAM CAMPBELL LA LUCIA MALL DURBAN NORTH | | | | Street Address UNIT 01, HERON PARK OLIVE GROVE IND ESTATE OLD PAARDEUIEJ ROAD SOMERSET WEST | | | | <input type="checkbox"/> Express | |
| Suburb | | | | Suburb | | | | <input type="checkbox"/> With Sunrise Option | |
| City / Town DUR | | Postal Code 4000 | | City / Town CAPE TOWN | | Postal Code 8000 | | <input type="checkbox"/> With Saturday Service | |
| Contact | | | | Contact | | | | <input checked="" type="checkbox"/> Public Holiday Service | |
| Phone 0315725045 | | | | Phone 021 8517178 | | | | <input checked="" type="checkbox"/> Economy | |
| Destination Country | | South Africa | | Botswana | | Lesotho | | Namibia | |
| Swaziland | | Other | | (Please Specify) | | BLNS Customs Tariff | | After Hours | |
| Sender's Reference UT 1 | | | | Analysis Code | | | | <input type="checkbox"/> 1. ONLINE | |
| SPECIAL INSTRUCTIONS INTERCOMPANY DAMAGES | | | | | | | | <input type="checkbox"/> 3. EFT | |
| Tariff Code | | Bill To Sender | | Consignee | | Other (Name Please) | | Total Mass (Kg) | |
| 027766 | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | 14/01/2019 | |
| 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 14.6 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 | | BOX | | 51 | | 15 | | 124 | |
| Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) KASIL | | | | | Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) WALCO | | | | |
| Date Received: 160119 | | Time Received: 0935 | | | Date Received: 160119 | | Time Received: 1430 | | |
| Signature: | | | | | Signature: | | | | |

POD COPY

Version Control (01/2018)