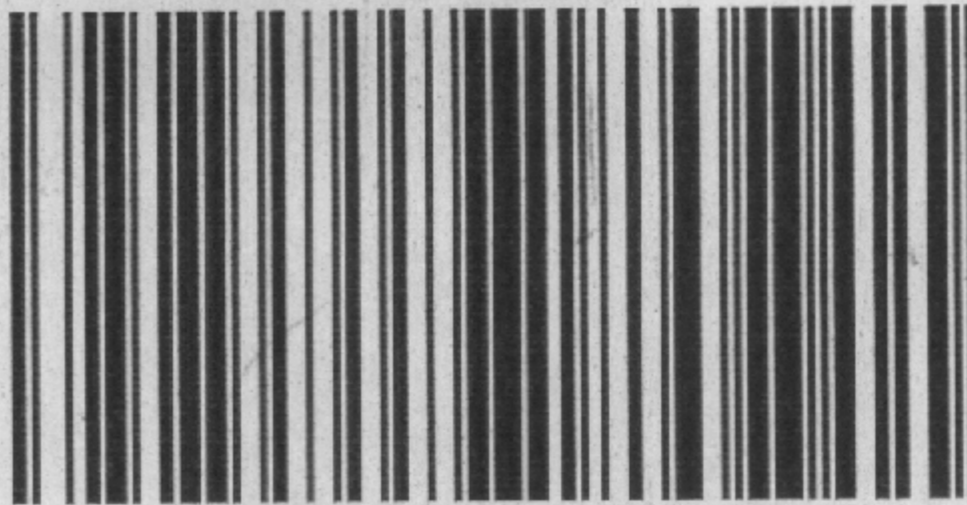


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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. 4880189685



SUBBD28386260

SUBHT04855079
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 CPT				<input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours			
Street Address SHOPO3, 90 WILLIAM CAMPBELL LA LUCIA HALL DURBAN NORTH		Street Address UNIT 01, HERON PARK OLIVE GROVE IND ESTATE OLD PAARPOUEN ROAD SOMERSET WEST							
Suburb		Suburb				<input type="checkbox"/> BLNS Customs Tariff			
City / Town DUR Postal Code 4000		City / Town CAPE TOWN Postal Code 8000							
Contact		Contact				<input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT			
Phone 0315725045		Phone 021 8517178							
Destination Country		(Please Specify)				Total Mass (Kg)			
<input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other									
Sender's Reference UTI 4529617		Analysis Code				SENDER'S AUTHORISED SIGNATURE [Signature] DATE 05/09/2018			
SPECIAL INSTRUCTIONS CUBES									
Tarrif Code 027766		Bill To <input type="checkbox"/> Sender <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <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									
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)						
CARMEN			Carmen						
Date Received:		Time Received:		Date Received:					Time Received:
070918		1040		050918		1520			
Signature: [Signature]			Signature: [Signature]						

POD COPY

Version Control (01/2018)