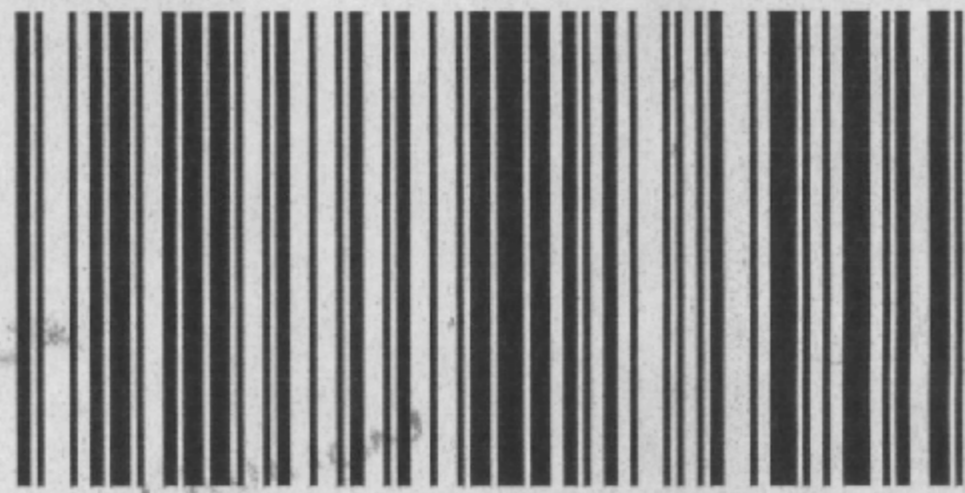


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD28616584

SUB	TIN	006	SOS																	
ADDITIONAL TRACKING NUMBERS																				

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required							
Company Name LE CREUSET		Company Name LE CREUSET CPT						<input type="checkbox"/> Same Day							
Street Address SHOP UL262 PAVILION SHOPPING CENTRE WESTVILLE		Street Address UNIT 5 HERON PARK OLIVE GROVE ESTATE						<input checked="" type="checkbox"/> Express							
Suburb		Suburb SOMERSET WEST						<input type="checkbox"/> With Sunrise Option							
City / Town DUR Postal Code 4000		City / Town SOMERSET WEST (SSW) Postal Code 8000						<input type="checkbox"/> With Saturday Service							
Contact Abisha TRISINA		Contact Att. Creditors						<input type="checkbox"/> Public Holiday Service							
Phone 031-2658455		Phone 021 851 7178						<input type="checkbox"/> Economy							
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		Lesotho		Namibia		Swaziland		Other (Please Specify)		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference 4724487243		Analysis Code Plwork						<input type="checkbox"/> After Hours							
SPECIAL INSTRUCTIONS										<input type="checkbox"/> 1. ONLINE					
Tariff Code 027766		Bill To Sender <input type="checkbox"/>		Consignee <input checked="" type="checkbox"/>		Other (Name Please) <input type="checkbox"/>				<input type="checkbox"/> 3. EFT					
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)										Total Mass (Kg)					
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number						SENDER'S AUTHORISED SIGNATURE (A)		DATE 03/09/2018					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)							
2		2		flyer											

Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Cerisa Venter				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) AARON			
Date Received: 04 09 18		Time Received: 09 57		Date Received: 03 09 18		Time Received: 1 03 5	
Signature: CAVenter				Signature: (Signature)			

POD COPY

Version Control (01/2018)