

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



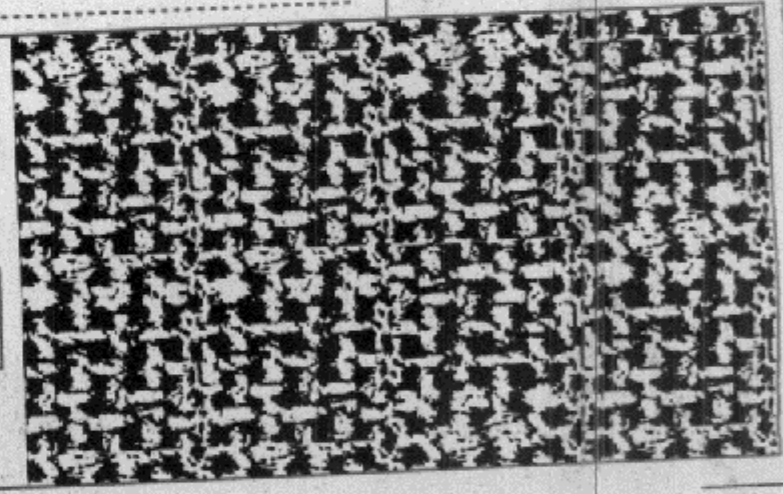
SUBBD28622508

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ADDITIONAL TRACKING NUMBERS

Sender's Details Company Name: <i>Le Creuset South Africa</i> Street Address: <i>Shop 105 Gardens Route Mall N2 & Krystna Road George</i> Suburb: <i>George</i> City / Town: <i>George</i> Postal Code: <i>6546</i> Contact: <i>Elzanne</i> Phone: <i>044 004 0112</i>		Consignee's Details. Full Street Address Please Company Name: <i>Le Creuset South Africa</i> Street Address: <i>Shop 45 Somerset Mall N2 & R44 Somerset</i> Suburb: <i>Somerset</i> City / Town: <i>Cape Town</i> Postal Code: <i>7130</i> Contact: <i>Elize du Plessis</i> Phone: <i>021 851 0661</i>		Mark Service Required <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
Destination Country: <i>South Africa</i> Botswana Lesotho Namibia Swaziland Other (Please Specify)	Sender's Reference: <i>UTII2892214</i> Analysis Code	BLNS Customs Tariff <input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT	Total Mass (Kg)	
SPECIAL INSTRUCTIONS Tariff Code: <i>27766</i> Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) 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		SENDER'S AUTHORIZED SIGNATURE: <i>Matth</i> DATE: <i>13/06/2018</i>		
Total Parcels: <i>1</i>	NO. OF PARCELS PER DIMENSIONS: <i>1 BOX</i>	LENGTH (CM)	WIDTH (CM)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <i>ALLISON</i>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <i>ELENNOLC</i>		
Date Received: <i>140618</i>	Time Received: <i>1057</i>	Date Received: <i>130618</i>	Time Received: <i>1545</i>	
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>		

POD COPY



Version Control (01/2018)