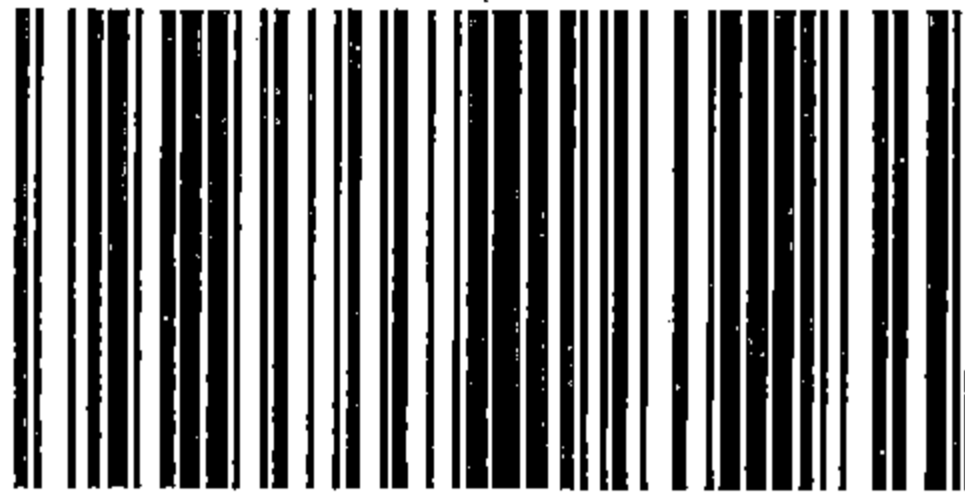


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD28695048


<b>Sender's Details</b>		<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>	
Company Name <u>LE CREUSET SANDTON</u>		Company Name <u>Le creuset</u>				<input checked="" type="checkbox"/> Same Day	
Street Address <u>SHOP L339 SANDTON CITY</u>		Street Address <u>Unit 5 Heron Park Olive Grove Industrial Estate Old Paarduteje Road</u>				<input type="checkbox"/> Express	
<u>CNR 5TH &amp; BIVONIA</u>		<u>Somerset West</u>				<input type="checkbox"/> With Sunrise Option	
Suburb <u>SANDTON</u>		Suburb <u>Somerset West</u>				<input type="checkbox"/> With Saturday Service	
City / Town <u>JNB</u> Postal Code <u>2193</u>		City / Town <u>Cape Town</u> Postal Code _____				<input type="checkbox"/> Public Holiday Service	
Contact <u>KARAO</u>		Contact <u>Nicky</u>				<input checked="" type="checkbox"/> Economy	
Phone <u>011 784 0301</u>		Phone <u>021 831 7178</u>				<input type="checkbox"/> After Hours	
Destination Country		South Africa		Botswana		BLNS Customs Tariff	
		Lesotho		Namibia			
		Swaziland		Other (Please Specify)			

Sender's Reference UTT272489 Analysis Code \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

Tarif Code 027765 Bill To  Sender  Consignee  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)

SENDER'S AUTHORIZED SIGNATURE [Signature] DATE 01/06/18

e-mail / Fax / Proof of Delivery  e-mail Address / Fax Number \_\_\_\_\_

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<u>1</u>	<u>Flyer</u>			

Goods received in full without damage (unless endorsed)  
Name Of Receiver (PLEASE PRINT CLEARLY) [Signature]

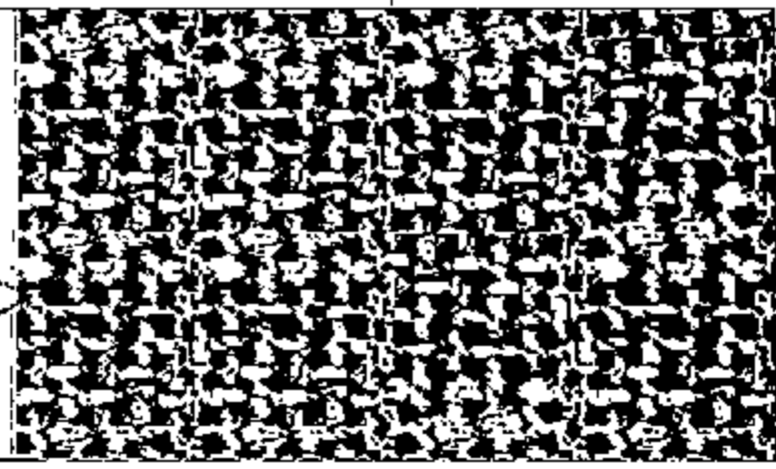
Date Received: 01/06/18 Time Received: 14:00

Signature: [Signature]

Received By DSV  
Name Of Courler (PLEASE PRINT CLEARLY) [Signature]

Date Received: 01/06/18 Time Received: 14:30

Signature: [Signature]



1. ONLINE

3. EFT

Total Mass (Kg) \_\_\_\_\_

POD COPY

Version Control (01/2018)