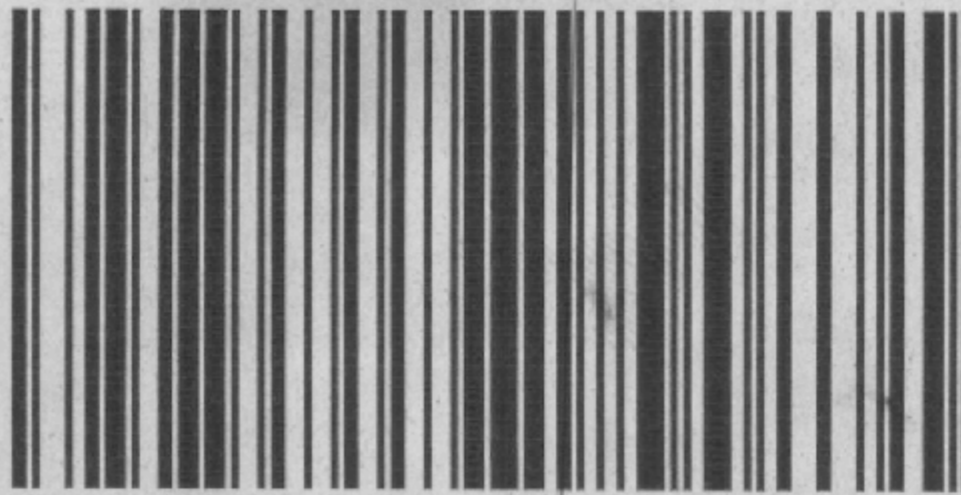


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD28828063

Sender's Details

Consignee's Details. Full Street Address Please

Mark Service Required

Company Name **LE CREUSET HYDEPARK**
Street Address **CNR 16T ROAD & JAN SMUT HYDEPARK CORNER**
HYDEPARK
Suburb **SANDTON**
City / Town **JNB** Postal Code **2196**
Contact **PATRICIA MOAGA**
Phone **011 325 5606**

Company Name **Avalon**
Street Address **Unit 13 Tyger Chambers**
11 Willie van Schoor Avenue
Tyger Valley
Suburb **Tyger Valley (Ticket 521169)**
City / Town **Cape Town** Postal Code
Contact **Luke Arendse**
Phone **021 300 1777**

- Same Day
- Express
- With Sunrise Option
- With Saturday Service
- Public Holiday Service
- Economy
- After Hours

Destination Country South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)

Sender's Reference **UT15139204** Analysis Code

SPECIAL INSTRUCTIONS **Ticket 521169**

Tarif Code **027766** 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)

[Signature] **19/10/18**
SENDER'S AUTHORISED SIGNATURE DATE

- BLNS Customs Tariff
- 1. ONLINE
- 3. EFT

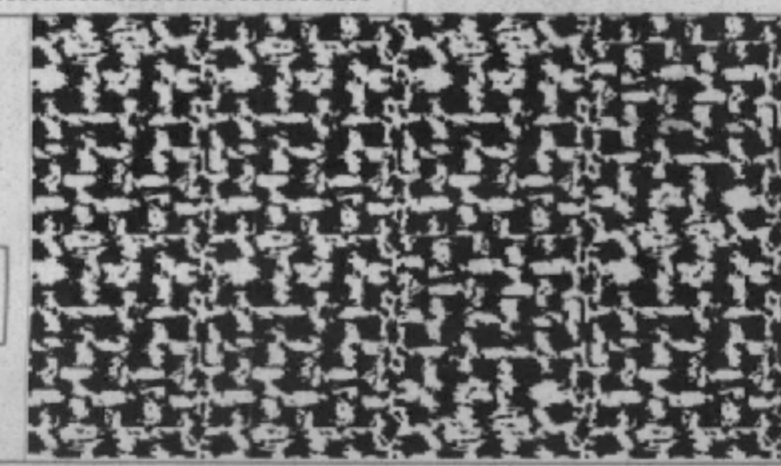
e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)

Total Mass (Kg)

Goods received in full without damage (unless endorsed)
Name Of Receiver (PLEASE PRINT CLEARLY)
Chantal
Date Received: **22 10 18** Time Received: **09 29**
Signature: *[Signature]*

Received By DSV
Name Of Courier (PLEASE PRINT CLEARLY)
CHARIS
Date Received: **22 10 18** Time Received: **15 10**
Signature: *[Signature]*



POD COPY

Version Control (01/2018)