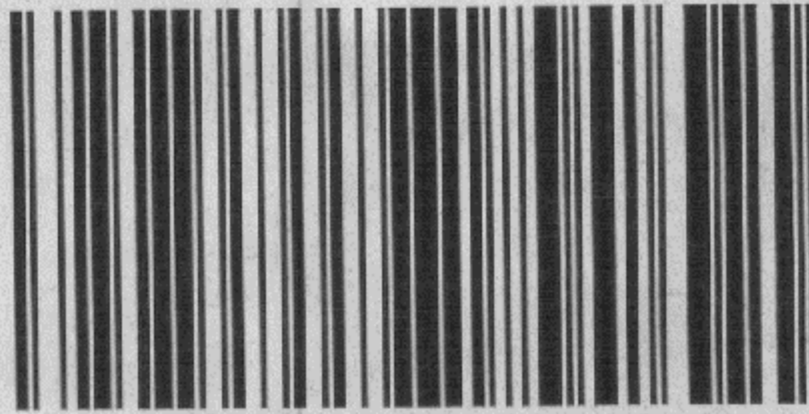


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD28828076

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required							
Company Name LE CREUSET HYDEPARK		Company Name LE CREUSET LA LUCIA				<input type="checkbox"/> Same Day							
Street Address CNR 16T ROAD & JAN SMUT HYDEPARK CORNER		Street Address Shop 3 LA LUCIA 90 William Campbell Dr				<input type="checkbox"/> Express							
Suburb HYDEPARK		Suburb LA LUCIA				<input type="checkbox"/> With Sunrise Option							
City / Town SANDTON		City / Town DURBAN				<input type="checkbox"/> With Saturday Service							
Postal Code 2196		Postal Code 4051				<input type="checkbox"/> Public Holiday Service							
Contact PATRICIA MDAGA		Contact Helenwa				<input checked="" type="checkbox"/> Economy							
Phone 011 325 5606		Phone 031 672 5045				<input type="checkbox"/> After Hours							
Destination Country <input checked="" type="checkbox"/> South Africa		Other (Please Specify)				<input type="checkbox"/> BLNS Customs Tariff							
Sender's Reference		Analysis Code				<input type="checkbox"/> 1. ONLINE							
SPECIAL INSTRUCTIONS		Tarrif Code 027766				<input type="checkbox"/> 3. EFT							
Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>				Total Mass (Kg)							
If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.													
<p><small>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).</small></p>													
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number				Total Mass (Kg)							
Total Parcels		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>NO. OF PARCELS PER DIMENSIONS</th> <th>LENGTH (CM)</th> <th>WIDTH (CM)</th> <th>HEIGHT (CM)</th> </tr> <tr> <td style="text-align: center;">1</td> <td> </td> <td> </td> <td> </td> </tr> </table>					NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	1		
NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)										
1													
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Elizaboth			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) [Signature]										
Date Received: 28 05 18		Time Received: 12 00		Date Received: 28 05 18									
Signature:		Signature:		Signature:									