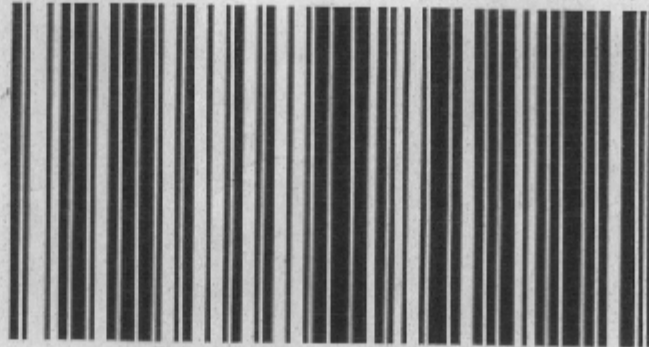


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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

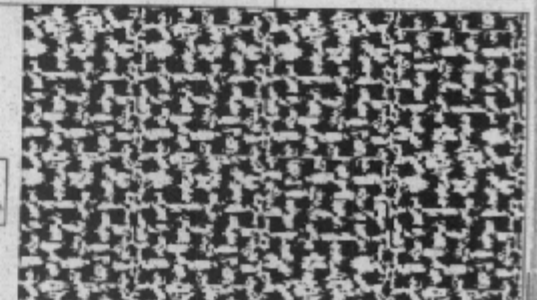


SUBBD28943226


POD COPY

<b>Sender's Details</b>		<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>	
Company Name: <b>LE CREUSET BALLITO JUNCTION</b>		Company Name: <b>LE CREUSET</b>				<input type="checkbox"/> Same Day	
Street Address: <b>SHOP 244, LEONORA DRIVE BALLITO DOLPHIN COAST DURBAN</b>		Street Address: <b>Unit 1, Heron Park Olive Grove Ind. Estate Old Paardevlei, Somerset Cape Town</b>				<input checked="" type="checkbox"/> Express	
Suburb: <b>DURBAN</b>		Suburb: <b>Cape Town</b>				<input type="checkbox"/> With Sunrise Option	
City / Town: <b>DUR</b> Postal Code: <b>4399</b>		City / Town: <b>CAPE TOWN (CPT)</b> Postal Code: <b>8000</b>				<input type="checkbox"/> With Saturday Service	
Contact: <b>SASHA</b>		Contact: <b>NICKY ACCOUNTS</b>				<input type="checkbox"/> Public Holiday Service	
Phone: <b>032 0040138</b>		Phone: <b>021 8517178</b>				<input type="checkbox"/> Economy	
Destination Country: <b>South Africa</b>		Destination Country: <b>Lesotho Namibia Swaziland Other (Please Specify)</b>				<input type="checkbox"/> After Hours	
Sender's Reference: <b>UTI 5088140</b>		Analysis Code: <b></b>				<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>							
Tarrif Code: <b>027766</b>		Bill To: <input type="checkbox"/> Sender		Consignee: <input type="checkbox"/>		Other (Name Please): <input type="checkbox"/>	
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)							
				<b>AS</b>		<b>16/10/18</b>	
				<b>SENDER'S AUTHORISED SIGNATURE</b>		<b>DATE</b>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number					
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>	
<b>HEIGHT (CM)</b>		<b>1</b>		<b>1 x FLYER</b>			
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>			
Name Of Receiver (PLEASE PRINT CLEARLY): <b>Cervsaver</b>				Name Of Courier (PLEASE PRINT CLEARLY): <b>MNSG</b>			
Date Received: <b>17/10/18</b>		Time Received: <b>0928</b>		Date Received: <b>16/10/18</b>		Time Received: <b>1634</b>	
Signature: <b>Caverter</b>				Signature: <b>[Signature]</b>			

Total Mass (Kg)



Version Control (01/2018)