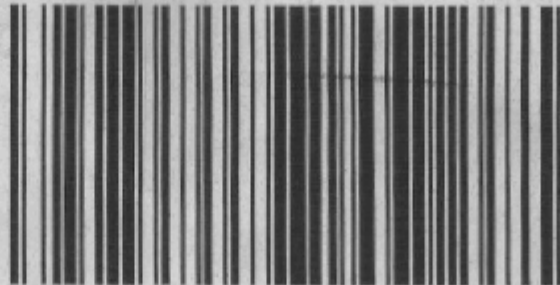


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD28967730

FAULTY	POS		
ADDITIONAL			
ATTN: MITCHELL			
NUMBERS			

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required
Company Name <u>Le Creuset Baywest</u>		Company Name <u>Le Creuset Warehouse</u>						Same Day
Street Address <u>Shop LG43</u>		Street Address <u>Unit 5, Heron Park</u>						Express
<u>Baywest Mall</u>		<u>OLIVE GROVE, Industrial Est.</u>						With Sunrise Option
<u>NZ.</u>		<u>Old Paardevlei Road.</u>						With Saturday Service
Suburb <u>Walker Drive Ext</u>		Suburb <u>Somerset West.</u>						Public Holiday Service
City / Town <u>P.E.</u>	Postal Code <u>6001</u>	City / Town <u>Cape Town</u>		Postal Code <u>8001</u>				Economy <input checked="" type="checkbox"/>
Contact <u>Kene Nenfeldt</u>		Contact <u>Mitchell van Zyl</u>						After Hours
Phone <u>041 004 0011</u>		Phone <u>021 851 7178</u>						BLNS Customs Tariff
Destination Country	<u>South Africa</u>	<u>Botswana</u>	<u>Lesotho</u>	<u>Namibia</u>	<u>Swaziland</u>	<u>Other</u>	(Please Specify)	

Sender's Reference UTI Analysis Code

SPECIAL INSTRUCTIONS

Tariff 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] 11.01.2019
SENDER'S AUTHORISED SIGNATURE DATE

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>1 Box</u>	<u>37</u>	<u>30</u>	<u>43</u>

Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>MITCHELL</u>	Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>XOLANI</u>
Date Received: <u>140119</u>	Date Received: <u>110119</u>
Time Received: <u>11:20:00</u>	Time Received: <u>15:35</u>
Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>

POD COPY

Version Control (01/2018)