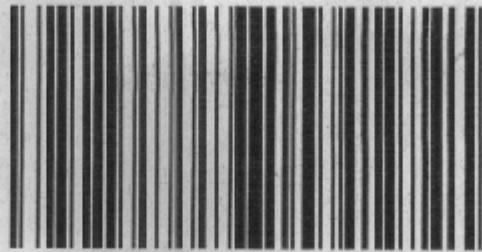


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0051
Tel (012) 673 2000
Reg. No. 2000/D16342/07
VAT No. 4880189685



SUBBD28981551

ADDITIONAL
TRACKING
NUMBERS

Sender's Details Company Name: LE CREUSET WATERFALL Street Address: SHOP 101 1 AUGRABIES AVENUE CAHAP EXT 12 Suburb: WATERFALL HALL City/Town: RUSTENBURG Postal Code: 0299 Contact: MANAGER: LERATO Phone: 011 537-2279				Consignee's Details. Full Street Address Please Company Name: LE CREUSET GAUTENG WARE Street Address: 4 EAST GATE BUSINESS PARK, CNR SOUTH RD & MARLBORO DRIVE Suburb: SANDTON City/Town: JOHANNESBURG Postal Code: 2195 Contact: ATT. DUNNE DAVIDS Phone: 021 851 7178				Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours	
Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)		Sender's Reference: TNS 20cm Glas Ltd Analysis Code:		BLNS Customs Tariff					
SPECIAL INSTRUCTIONS Tariff Code: 02 7766 Bill To: <input type="checkbox"/> Sender Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.						1. ONLINE <input type="checkbox"/> 3. EFT <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)						SENDER'S AUTHORISED SIGNATURE: <i>R. M. W. E.</i> DATE: 10/09/18		Total Mass (Kg)	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		Total Parcels NO. OF PARCELS PER DIMENSIONS LENGTH (CM) WIDTH (CM) HEIGHT (CM)		1 1 39 26 12					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): MARCHALL Date Received: 11/09/18 Time Received: 09:16			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): (S) (S) (S) Date Received: 10/09/18 Time Received: 17:29						
Signature: <i>[Signature]</i>			Signature: <i>[Signature]</i>						

POD COPY

Version Control (01/2018)