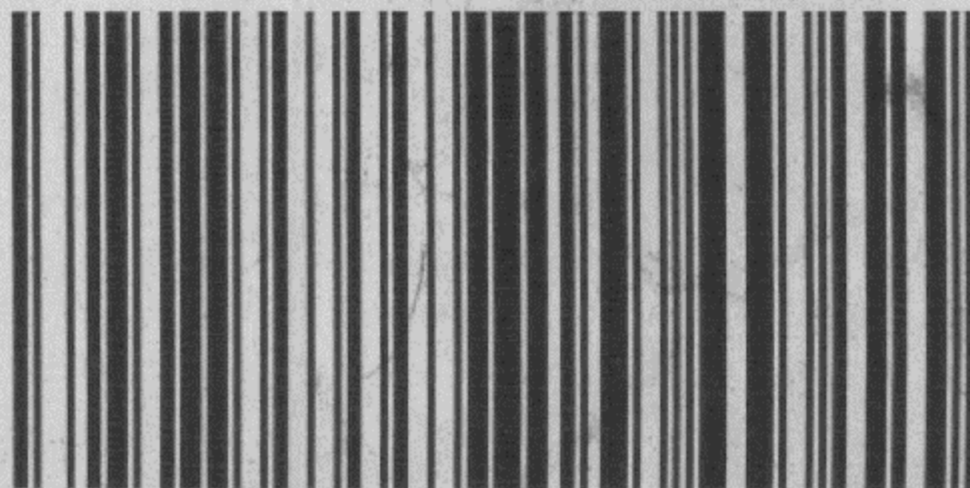


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD28989298

2 2 2 E E E 2 2 2

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name <u>le creuset Gateway</u>	Company Name <u>le creuset Ballito junction</u>	Street Address <u>Gateway Theatre of Shopping</u>	Street Address <u>Shop 244 Leonora drive</u>
<u>Shop 6158, NO 1</u>	<u>Ballito junction</u>	<u>Palm Boulevard Umhlanga Ridge</u>	<u>Dolphin Coast</u>
Suburb <u>Umhlanga</u>	Suburb <u>Ballito</u>	City / Town <u>Durban</u> Postal Code <u>4320</u>	City / Town <u>Durban</u> Postal Code <u>4399</u>
Contact <u>Cassandra</u>	Contact <u>032 004 0138</u>	Phone <u>031 100 1239</u>	Phone <u>Sasha</u>

Mark Service Required
Same Day
Express
With Sunrise Option
With Saturday Service
Public Holiday Service
Economy <input checked="" type="checkbox"/>
After Hours
BLNS Customs Tariff

Destination Country	South Africa <input checked="" type="checkbox"/>	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference	<u>UT13710946</u>			Analysis Code		


SPECIAL INSTRUCTIONS FRAGILE

Tariff Code

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)


SENDER'S AUTHORISED SIGNATURE

13-07-2018
DATE

1. ONLINE <input type="checkbox"/>
3. EFT <input type="checkbox"/>
Total Mass (Kg)

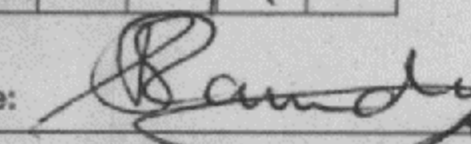
e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<u>1</u>	<u>15</u>	<u>15</u>		

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)
SONITHA

Date Received: 16/07/18 Time Received: 1440

Signature: 

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)
DICELO

Date Received: 130718 Time Received: 1556

Signature: 