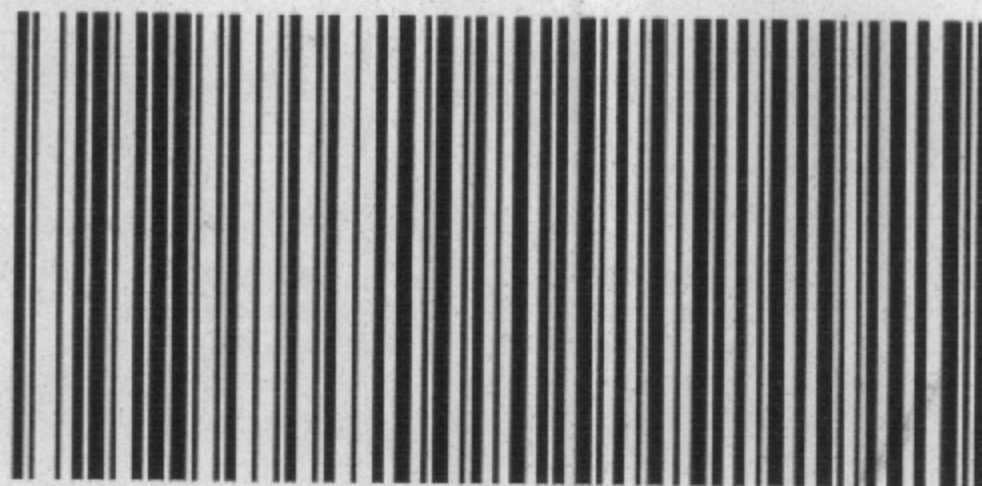


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD29163036

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET		Company Name LE CREUSET S.A				<input type="checkbox"/> Same Day	
Street Address CRESTA SHOPPING CENTRE SHOP U41		Street Address UNIT 5 HERON PARK, OLIVE GROVE BUSINESS				<input type="checkbox"/> Express	
BEYERS NAUDE DRIVE		1 OLD PAADEVLEI ROAD				<input type="checkbox"/> With Sunrise Option	
Suburb CRESTA		Suburb SOMERSET WEST				<input type="checkbox"/> With Saturday Service	
City / Town JNB Postal Code 2021		City / Town CAPE TOWN Postal Code 7130				<input checked="" type="checkbox"/> Economy	
Contact SISA MOYO		Contact JENNA				<input type="checkbox"/> After Hours	
Phone 011 476 6010		Phone				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country <input checked="" type="checkbox"/> South Africa		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)					

Sender's Reference **DAMAGES JENNA** 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)

 **30/07/18**
 SENDER'S AUTHORISED SIGNATURE DATE

e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		Total Mass (Kg)	
Total Parcels	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) BASIL		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) EPHRAIM		
Date Received: 01 08 18		Date Received: 30 07 18		
Time Received: 09 35		Time Received: 15 00		
Signature: 		Signature: 		