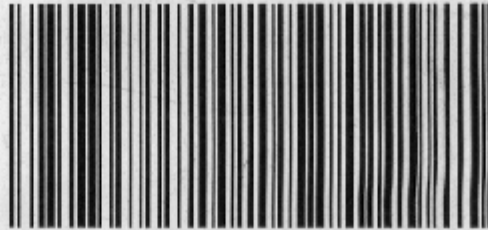


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD29245136

Sender's Details Company Name: <u>LE CREUSET SA</u> Street Address: <u>SHOP U604 WATERCREST MALL INANDA ROAD</u> Suburb: _____ City / Town: <u>DURBAN</u> Postal Code: <u>3652</u> Contact: <u>SPE-SANDE</u> Phone: <u>031 763 1525</u>		Consignee's Details. Full Street Address Please Company Name: <u>LE CREUSET SA</u> Street Address: <u>SHOP G158 PALM BOULEVARD UMHLANGA RIDGE NEWTON CENTRE UMHLANGA</u> Suburb: _____ City / Town: <u>UMHLANGA</u> Postal Code: <u>4320</u> Contact: <u>CASSANDRA</u> Phone: <u>031 001239</u>		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 BLNS Customs Tariff
Destination Country: <input type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)		Sender's Reference: _____ Analysis Code: _____		
SPECIAL INSTRUCTIONS Tariff Code: _____ Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> 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)				
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number: _____		SENDER'S AUTHORIZED SIGNATURE: <u>[Signature]</u> 2021 DATE: <u>09/01/19</u>		
Total Parcels NO. OF PARCELS PER DIMENSIONS: <u>1</u> LENGTH (CM): _____ WIDTH (CM): _____ HEIGHT (CM): _____		Total Mass (Kg)		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>CASSANDRA</u> Date Received: <u>100119</u> Time Received: <u>1322</u> Signature: <u>[Signature]</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u>SIYABONGA</u> Date Received: <u>090119</u> Time Received: <u>1510</u> Signature: <u>[Signature]</u>		

POD COPY

Version Control (07/2018)