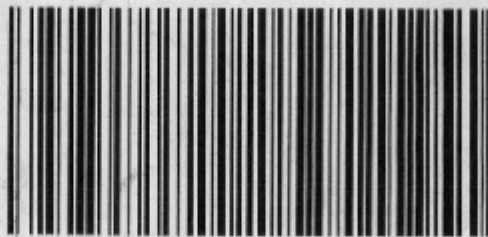


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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. 2000/016342/07
VAT. No. 4880189635



SUBBD29245167

ADDITIONAL
TRACKING
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required	
Company Name: Le Creuset Watercrest		Company Name: Gateway Le Creuset					<input type="checkbox"/> Same Day	
Street Address: Shop UG04 Inanda Road		Street Address: Shop G158 Gateway Mall Palm Boulevard Umhlanga Ridge					<input type="checkbox"/> Express	
Suburb: Waterfall		Suburb: Umhlanga					<input type="checkbox"/> With Sunrise Option	
City / Town: Durban	Postal Code: 3652	City / Town: Durban	Postal Code: 4320				<input type="checkbox"/> With Saturday Service	
Contact: Sipesande		Contact: CASSANDRA					<input type="checkbox"/> Public Holiday Service	
Phone: 031 768 1325		Phone: 031 00 12 39					<input checked="" type="checkbox"/> Economy	
Destination Country: South Africa		Destination Country: South Africa					<input type="checkbox"/> After Hours	
Sender's Reference: S SOAP POTTS ROUND		Analysis Code: _____					<input type="checkbox"/> BLNS Customs Tariff	
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.				
<p>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)</p>								
e-mail / Fax / Proof of Delivery <input type="checkbox"/>					e-mail Address / Fax Number _____			
Total Parcels: 1		NO. OF PARCELS PER DIMENSIONS: BOX		LENGTH (CM): _____		WIDTH (CM): _____		
				HEIGHT (CM): _____		Total Mass (Kg): _____		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) NATASHA				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Smpsonia				
Date Received: 18 12 18		Time Received: 13 55		Date Received: 18 12 18		Time Received: 18 00		
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>				

POD COPY

Version Control: (01/2018)

