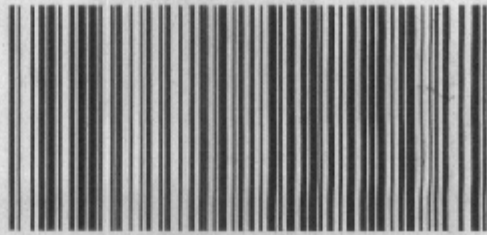


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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. 488/0189685



SUBBD29418155

SUBHT/3280114
ADDITIONAL
TRACKING
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name LE CREUSET		Company Name CINDY HUANG						<input type="checkbox"/> Same Day	
Street Address UNIT 4, EASTGATE BUSINESS PARK, CNR MARLBORO DRIVE & SOUTH RD		Street Address 17A CLARENS STREET BAYSWATER BLOEM FONTEIN						<input type="checkbox"/> Express	
Suburb SANDTON		Suburb						<input type="checkbox"/> With Sunrise Option	
City / Town JHB Postal Code		City / Town BLOEM FONTEIN Postal Code 9301						<input type="checkbox"/> With Saturday Service	
Contact DEANIE		Contact CINDY HUANG						<input type="checkbox"/> Public Holiday Service	
Phone 0735052470		Phone 0727843185						<input checked="" type="checkbox"/> Sunday	
Destination Country <input checked="" 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)								<input type="checkbox"/> After Hours	
Sender's Reference STOCK		Analysis Code						<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS FRAGILE								<input type="checkbox"/> 1. ONLINE	
Tariff Code 020786 Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		If Consignee Or Other (Third Party) is Billed, Sender Remains Liable For Unpaid Charges.						<input type="checkbox"/> 3. EFT	
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 AUTHORIZED SIGNATURE <i>[Signature]</i> DATE 10/01/2019						Total Mass (Kg) 17	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number									
Total Parcels 2		NO. OF PARCELS PER DIMENSIONS BOXES		LENGTH (CM) 46 61		WIDTH (CM) 45 36		HEIGHT (CM) 62 32	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Jenny				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) FRANS					
Date Received: 140119		Time Received: 1435		Date Received: 100119		Time Received: 1535			
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>					

POD COPY

We Scan Control (01/01/18)