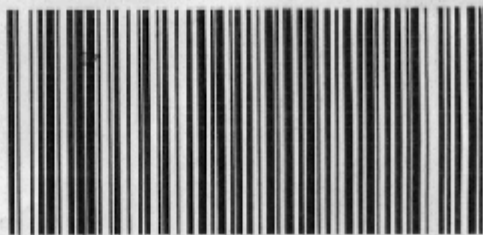


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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. 2000/015342/07
VAT No. 4880189685



SUBBD29418183

POD COPY

Sender's Details Company Name: <u>LE CREUSET JAB</u> Street Address: <u>UNIT 4, EASTGATE BUSINESS PARK, CNR MARIBOROH SOUTH RD</u> Suburb: <u>SANDTON</u> City / Town: <u>JAB</u> Postal Code: <u>1501</u> Contact: <u>ALAN</u> Phone: <u>077 505 2470</u>		Consignee's Details. Full Street Address Please Company Name: <u>LE CREUSET WATERFALL MALL</u> Street Address: <u>SHOP 101, AUGREBISSSE AVENUE WATERFALL PARK</u> Suburb: <u> </u> City / Town: <u>RUSTENBURG</u> Postal Code: <u>1250</u> Contact: <u>TSHEPANG MOTALLEA</u> Phone: <u>014 537 2279</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 <input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT Total Mass (Kg) <u>5</u>
Destination Country: <u>South Africa</u> Botswana Lesotho Namibia Swaziland Other (Please Specify)		Analysis Code: <u> </u>		
Sender's Reference: <u>STOCK</u>				
SPECIAL INSTRUCTIONS: <u>FRANCE</u>				
Tariff Code: <u> </u>		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.				
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 AND 14.7 OVERLEAF).				
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number: <u> </u>		
Total Parcels: <u>1</u>	NO. OF PARCELS PER DIMENSIONS: <u>BOX</u>	LENGTH (CM): <u>49</u>	WIDTH (CM): <u>32</u>	
HEIGHT (CM): <u>10</u>		Total Mass (Kg): <u>5</u>		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>MAVIS</u> Date Received: <u>311018</u> Time Received: <u>1144</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u> </u> Date Received: <u>301018</u> Time Received: <u>1500</u> Signature: <u> </u>		

Version Control (01/2018)