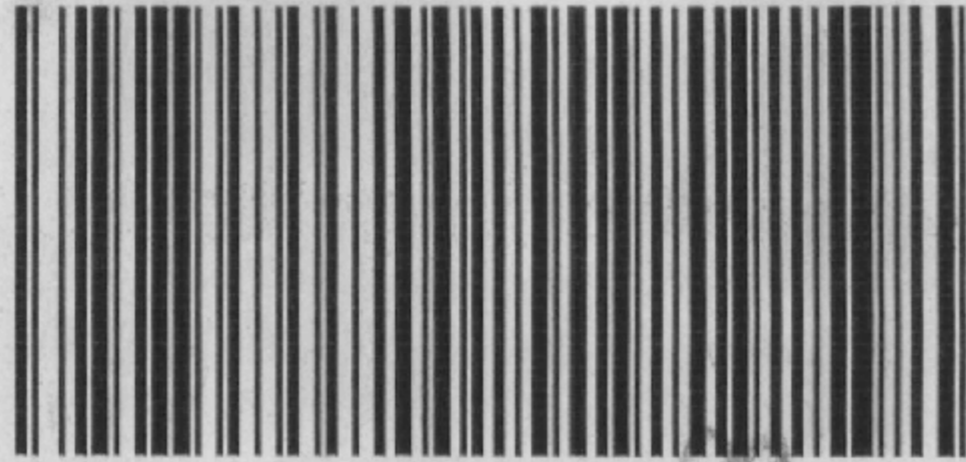


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD29418184

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ADDITIONAL									
SUBHT 13464339									
NUMBERS									

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required			
Company Name <u>LE CREUSET JHB</u>				Company Name <u>LE CREUSET CPT</u>				<input type="checkbox"/> Same Day			
Street Address <u>UNIT 4, EASTGATE BUSINESS PARK, CNR MARIBOROA &amp; SOUTH RD</u>				Street Address <u>UNIT 5 HERON PARK, OLIVE GROVE BUSINESS PARK, OLD PAARDEVELD RD</u>				<input type="checkbox"/> Express			
Suburb <u>SANDTON</u>				Suburb <u>SOMERSET WEST</u>				<input type="checkbox"/> With Sunrise Option			
City / Town <u>JHB</u>		Postal Code		City / Town <u>CPT</u>		Postal Code <u>7130</u>		<input type="checkbox"/> With Saturday Service			
Contact <u>OWANE</u>				Contact <u>FRANCE / MITCHELL</u>				<input type="checkbox"/> Public Holiday Service			
Phone <u>0735052470</u>				Phone <u>021 851 7178</u>				<input checked="" type="checkbox"/> Economy			
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)		BLNS Customs Tariff							
Sender's Reference <u>STOCK</u>				Analysis Code				1. ONLINE <input type="checkbox"/>			
SPECIAL INSTRUCTIONS <u>FRANCE</u>								3. EFT <input type="checkbox"/>			
Tariff Code		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		Total Mass (Kg)			
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>				<p><u>David</u> SENDER'S AUTHORISED SIGNATURE</p>		<p><u>30/10/2018</u> DATE</p>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		<p><u>26</u> NO. OF PARCELS PER DIMENSIONS</p>		<p><u>52</u> LENGTH (CM)</p>		<p><u>49</u> WIDTH (CM)</p>			
<p><u>26</u> <u>BOXES</u></p>		<p><u>46</u></p>		<p><u>45</u></p>		<p><u>35 = 22Kg</u></p>		<p><u>35 = 12</u></p>			
<p><u>34Kg</u></p>		<p>Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)</p> <p><u>ELVINO</u></p>		<p>Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)</p> <p><u>[Signature]</u></p>		<p>Date Received:</p> <p><u>01/11/18</u></p>		<p>Time Received:</p> <p><u>0945</u></p>			
<p>Signature: <u>[Signature]</u></p>		<p>Date Received:</p> <p><u>30/10/18</u></p>		<p>Time Received:</p> <p><u>[Signature]</u></p>		<p>Signature: <u>[Signature]</u></p>					

POD COPY