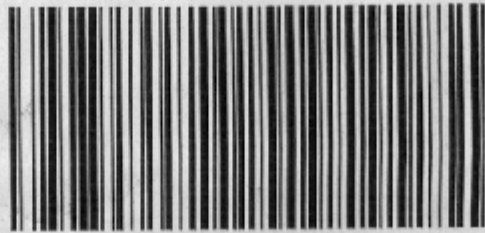


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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. 4890189685



SUBBD29418188

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please			
Company Name: LE CREUSET	Company Name: LE CREUSET PAVILION				
Street Address: UNITY, EASTGATE BUSINESS PARK, CNR MALLBOSS DRIVE & SOUTH RD	Street Address: SHOP UL262 PAVILLION SHOPPING CENTER, JACK MAARTENS DRIVE				
Suburb: SANDTON	Suburb: WESTVILLE				
City / Town: JHB Postal Code: 	City / Town: DURBAN Postal Code: 				
Contact: OLIVIA	Contact: RASHREE CHUNDR				
Phone: 0735052470	Phone: 031 265 8455				
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)
Sender's Reference: FRAGILE STOCK	Analysis Code: 				
SPECIAL INSTRUCTIONS FRAGILE					
Tariff Code: 	Bill To: <input type="checkbox"/> Sender	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 14.4 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 			

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"/> Emergency
<input type="checkbox"/> After Hours
BLNS Customs Tariff
<input type="checkbox"/> 1. ONLINE
<input type="checkbox"/> 3. EFT
Total Mass (Kg)

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)
1	Box	28	29	36	10Kg

Goods received in full without damage (unless endorsed)
Name Of Receiver (PLEASE PRINT CLEARLY)
Atisha

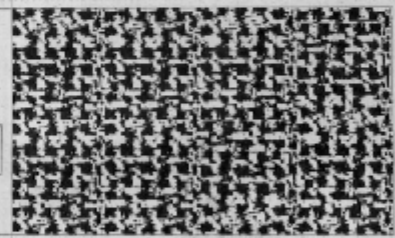
Date Received: **22 10 19** Time Received: **12 00**

Signature: **(A)**

Received By DSV
Name Of Courier (PLEASE PRINT CLEARLY)
M/M/COBI

Date Received: **19 10 18** Time Received: **14 00**

Signature: **(Signature)**



Version Control: 01/2019