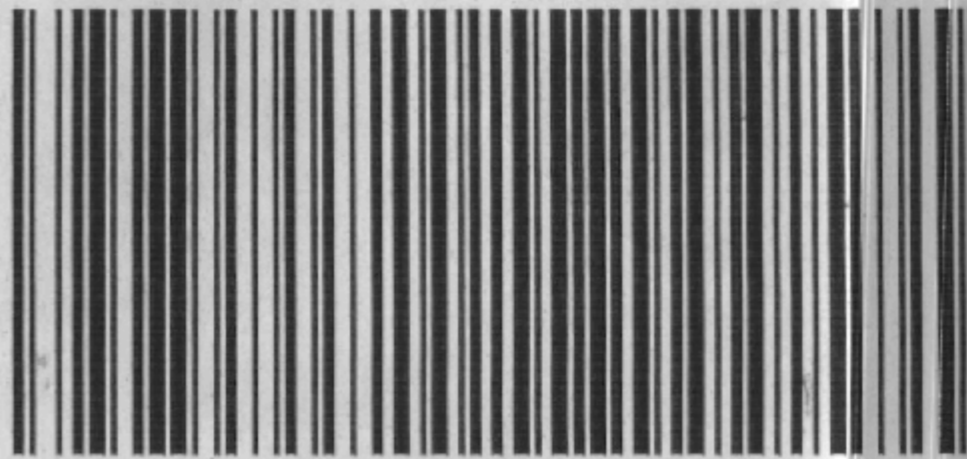


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD29676554

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ADDITIONAL  
TRACKING  
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required	
Company Name <u>Kloppers</u>		Company Name <u>Le Creuset SA</u>					<input type="checkbox"/> Same Day	
Street Address <u>Loch Logan Waterfront</u>		Street Address <u>Unit 9 Heron Park</u>					<input type="checkbox"/> Express	
		<u>Olivers Grove Industrial Estate</u>					<input type="checkbox"/> With Sunrise Option	
		<u>Old Paarde Vlei Rd</u>					<input type="checkbox"/> With Saturday Service	
Suburb		Suburb <u>Somerset West</u>					<input type="checkbox"/> Public Holiday Service	
City / Town <u>BFN</u> Postal Code <u>9300</u>		City / Town <u></u> Postal Code <u>7130</u>					<input type="checkbox"/> Economy	
Contact <u>051 400 5575</u>		Contact					<input type="checkbox"/> After Hours	
Phone <u>Alida</u>		Phone					<input type="checkbox"/> BLNS Customs Tariff	
Destination Country		(Please Specify)						
South Africa		Botswana Lesotho Namibia Swaziland Other						
Sender's Reference		Analysis Code						
<b>SPECIAL INSTRUCTIONS</b>								
Tariff Code		Bill To 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 14.6 AND 14.7 OVERLEAF)								
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number						
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		
						<b>HEIGHT(CM)</b>		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>JASMIN</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>Mases</u>				
Date Received: <u>131118</u>		Time Received: <u>1418</u>		Date Received: <u>091118</u>		Time Received: <u>1515</u>		
Signature: <u>Hubert</u>				Signature: <u>[Signature]</u>				

POD COPY

Version Control (01/2018)

