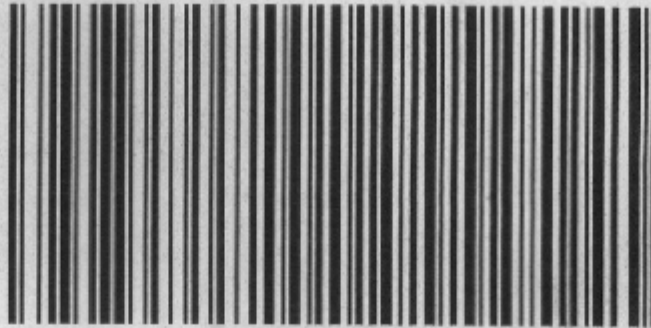


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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. 4880189685



SUBBD29956651

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>A. Downey</u>		Company Name <u>Le Creuset</u>				<input type="checkbox"/> Same Day	
Street Address <u>60 Hood Street</u>		Street Address <u>Unit 5 Olive Grove Industrial Estate</u>				<input type="checkbox"/> Express	
Suburb <u>West Bank</u>		Suburb <u>SOMERSET WEST</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>East London</u> Postal Code <u>5201</u>		City / Town <u>CAPE TOWN</u> Postal Code <u>7200</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>Amber</u>		Contact <u>ATT. Mary</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>083 605 4478</u>		Phone <u>021 851 7178</u>				<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		<input type="checkbox"/> After Hours	
		Lesotho		Namibia		BLNS Customs Tariff	
		Swaziland		Other (Please Specify)			
Sender's Reference		Analysis Code					
SPECIAL INSTRUCTIONS							
Tariff Code <u>027766</u>		Bill To Sender <input checked="" type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>	
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 <u>[Signature]</u>		DATE <u>4/12/18</u>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
<u>1</u>				<u>28</u>		<u>25</u>	
						<u>21</u>	
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<u>MARY</u>				<u>MARY BUIELO</u>			
Date Received:		Time Received:		Date Received:		Time Received:	
<u>06/12/18</u>		<u>1005</u>		<u>04/12/18</u>		<u>1620</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

POD COPY

Version Control (01/2018)

Total Mass (Kg)

