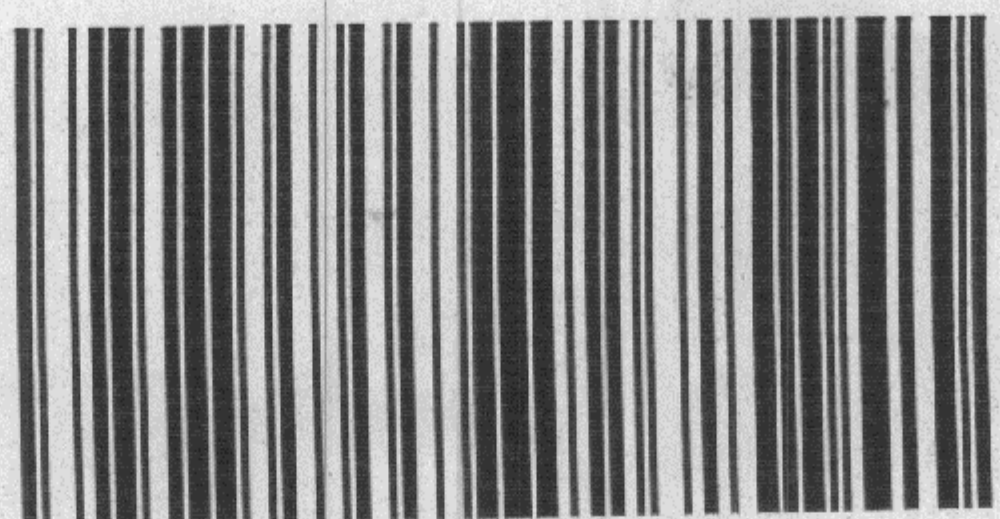


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD26760623

2	2	2	E	E	E	2	2	2

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET SHOP UM30A		Company Name LE CREUSET				<input type="checkbox"/> Same Day	
Street Address CLEARWATER MALL		Street Address UNIT 5 HERON PARK				<input checked="" type="checkbox"/> Express	
CHRISTIAN DE WET ROAD		OLIVE GROOVE INDUSTRIAL ESTATE				<input type="checkbox"/> With Sunrise Option	
Suburb JOHANNESBURG		Suburb SOMERSET WEST				<input type="checkbox"/> With Saturday Service	
City / Town JNB Postal Code 2001		City / Town CAPE TOWN Postal Code 7200				<input type="checkbox"/> Public Holiday Service	
Contact LISA		Contact VICKY				<input type="checkbox"/> Economy	
Phone 011 475 1202		Phone 021 851 7178				<input type="checkbox"/> After Hours	
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)		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference UT10307563						<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS						<input type="checkbox"/> 3. EFT	
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)				Total Mass (Kg)	
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 250.00 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 AUTHORISED SIGNATURE [Signature] DATE 01/02/18					
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)	
HEIGHT (CM)							
Goods received in full without damage (unless endorsed)							
Name Of Receiver (PLEASE PRINT CLEARLY)							
Date Received:		Time Received:					
Signature:							
Received By DSV							
Name Of Courier (PLEASE PRINT CLEARLY)							
Date Received:		Time Received:					
Signature:							