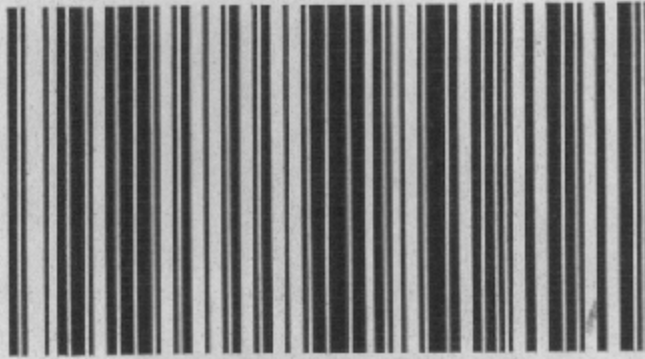


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD28943233

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ADDITIONAL
TRACKING
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name LE CREUSET BALLITO JUNCTION		Company Name LE CREUSET		<input type="checkbox"/> Same Day	
Street Address SHOP 244 LEONORA DRIVE BALLITO DOLPHIN COAST		Street Address Unit 1, Heron Park Olive Grove Ind. Estate		<input type="checkbox"/> Express	
DURBAN		Old Paardevlei, Somerset		<input type="checkbox"/> With Sunrise Option	
Suburb		Suburb Cape Town		<input type="checkbox"/> With Saturday Service	
City / Town DUR	Postal Code 4399	City / Town CAPE TOWN (CPT)	Postal Code 8000	<input checked="" type="checkbox"/> Public Holiday Service	
Contact SONIA/TSHEPANG		Contact JASMIN/BASIL		<input type="checkbox"/> Economy	
Phone 032 0040138		Phone 021 8517178		<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)		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference		Analysis Code		<input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT	
SPECIAL INSTRUCTIONS Tariff Code 027766 Bill To <input type="checkbox"/> 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		Total Mass (Kg)	
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT(CM)
<input type="checkbox"/>					
Goods received in full without damage (unless endorsed)		Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)			
BASIL		MUSY			
Date Received:		Date Received:			
01/02/19		07/02/19			
Time Received:		Time Received:			
1141		1600			
Signature:		Signature:			