

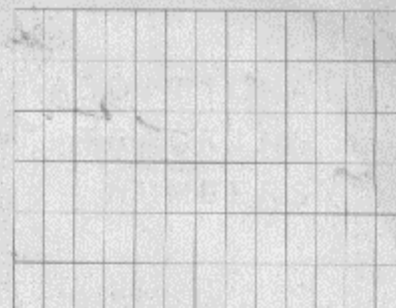
CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
t/a DSV Distribution  
PO Box 63, The Reads 0081  
Tel (012) 573-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4280213873



SUBBD26435418



Sender's Details		Consignee's Details, Full Street Address Please		Mark Service Required	
Company Name <b>LE CREUSET MALL OF THE SHOP G062</b>		Company Name <b>Le creuset</b>		Same Day <input type="checkbox"/>	
Street Address <b>MALL OF THE SOUTH</b>		Street Address <b>Shop 71</b>		Express <input checked="" type="checkbox"/>	
Street Address <b>KLIPVIER DRIVE &amp; SWARTKOPPI</b>		Street Address <b>Upper Mall</b>		With Sunrise Option <input type="checkbox"/>	
Suburb <b>ASPEN HILLS-JHB</b>		Suburb <b>Hyde Park</b>		With Saturday Service <input type="checkbox"/>	
City / Town <b>JNB</b> Postal Code <b>1500</b>		City / Town <b>Johannesburg</b> Postal Code <b>2196</b>		Public Holiday Service <input type="checkbox"/>	
Contact <b>LULO NONOISE</b>		Contact <b>Patrice</b>		Economy <input type="checkbox"/>	
Phone <b>010 500 0223</b>		Phone <b>011 325 5606</b>		After Hours <input type="checkbox"/>	
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)				BLNS Customs Tariff <input type="checkbox"/>	
Sender's Reference <b>4710865977</b>		Analysis Code		1. ONLINE <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No <b>027766</b> Bill To <input checked="" type="checkbox"/> Sender <input 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 12.4 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 12.6 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 12.5, 12.6 AND 12.7 OVERLEAF). e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number					
<b>SENDER'S AUTHORIZED SIGNATURE</b> 		<b>DATE</b> <b>26-02-2018</b>		<b>Total Mass (Kg)</b> 	
<b>Total Parcels</b> <b>1</b>		<b>NO. OF PARCELS PER DIMENSIONS</b> 		<b>LENGTH (CM)</b> 	
<b>WIDTH (CM)</b> 		<b>HEIGHT (CM)</b> 			
<b>Goods received in full without damage (unless endorsed)</b> <b>Name Of Receiver (PLEASE PRINT CLEARLY)</b> <b>NONI CHARLES</b>		<b>Received By DSV</b> <b>Name Of Courier (PLEASE PRINT CLEARLY)</b> <b>Andrius</b>			
<b>Date Received:</b> <b>27/02/18</b>		<b>Time Received:</b> <b>16:10</b>			
<b>Signature:</b> 		<b>Signature:</b> 			