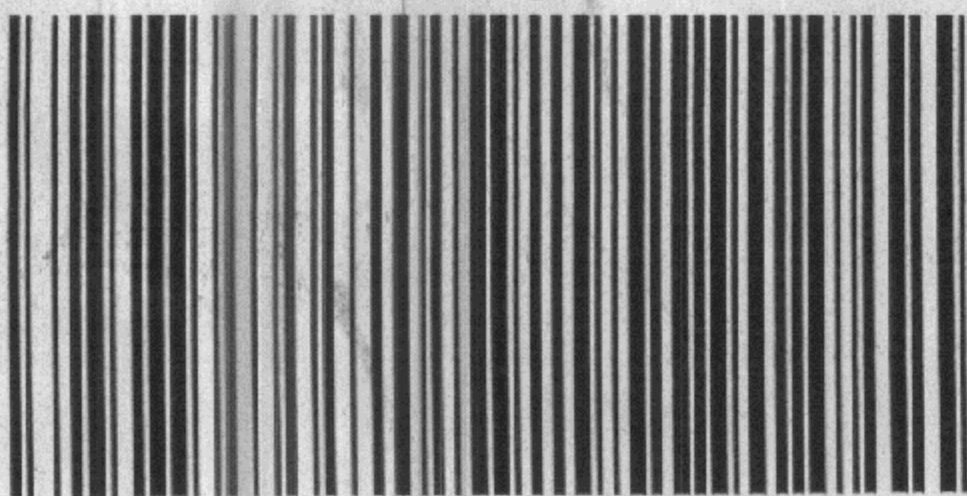


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD24860715

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET		Company Name Le Creuset				<input type="checkbox"/> Same Day	
Street Address MALL OF AFRICA SHOP 2040		Street Address UNITS HERON PARK OLIVE GROVE INDUSTRIAL ESTATES OLD DANDALEI ROAD				<input type="checkbox"/> Express	
Suburb HIGHWAY -MIDRAND		Suburb SOMERSET				<input type="checkbox"/> With Sunrise Option	
City / Town JNB Postal Code 2066		City / Town CAPE TOWN Postal Code 				<input type="checkbox"/> With Saturday Service	
Contact CASSANDA		Contact 				<input type="checkbox"/> Public Holiday Service	
Phone 011 568 2097		Phone 				<input checked="" type="checkbox"/> Economy	
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"/> After Hours	
Sender's Reference UT10842444						BLNS Customs Tariff 	
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 <input checked="" type="checkbox"/> Bill To Sender <input checked="" 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 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 12.5 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 12.5, 12.6 AND 12.7 OVERLEAF).							
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) XAVIER				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) 			
Date Received: 260318		Time Received: 0930		Date Received: 230218		Time Received: 1630	
Signature: 				Signature: 			

POD COPY

Version Control (06/2016)

