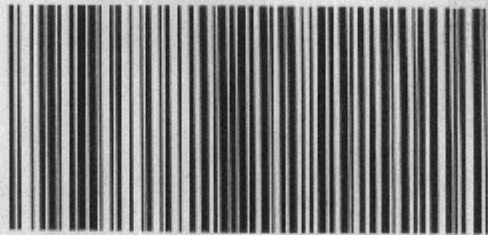


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673 2000  
Reg. No. 2000/015342/07  
VAT No. 4880189685



SUBBD27650869

2 2 2 E E E 2 2 2

SUBHT 11741493  
SUBHT 11741494

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <b>LE CREUSET</b>		Company Name <b>Le Creuset Hobart Grove</b>		Same Day	
Street Address <b>CNR KLIPPRIVIER DRIVE &amp; SWARTKOPPIES RD- SHOP G062</b>		Street Address <b>Le Creuset Hobart Grove</b>		Express	
Suburb <b>ASPEN HILLS</b>		Suburb <b>Shop G1, Cnr Hobart &amp; Grosvenor Rd Bryanston</b>		With Sunrise Option	
City / Town <b>JNB</b> Postal Code <b>2013</b>		City / Town <b>Br. Gauteng</b> Postal Code <b>2021</b>		With Saturday Service	
Contact <b>LULO NONOISE</b>		Contact <b>Sevanon</b>		Public Holiday Service	
Phone <b>010 500 0223</b>		Phone <b>011 565 4708</b>		Economy <input checked="" 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)				After Hours	
Sender's Reference		Analysis Code		BLN5 Customs Tariff	
<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 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 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).					
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		1. ONLINE <input type="checkbox"/>  3. EFT <input type="checkbox"/>	
<b>Total Parcels</b> <div style="border: 1px solid black; width: 40px; height: 40px; text-align: center; line-height: 40px; font-size: 24px;">3</div>		<b>NO. OF PARCELS PER DIMENSIONS</b> LENGTH (CM) WIDTH (CM) HEIGHT (CM)		Total Mass (Kg)	
<b>Goods received in full without damage (unless endorsed)</b> Name Of Receiver (PLEASE PRINT CLEARLY) <b>G. ZELLE</b>		<b>Received By DSV</b> Name Of Courier (PLEASE PRINT CLEARLY) <b>OSCAR</b>			
Date Received: <b>300518</b>		Date Received: <b>10/05/18</b>			
Time Received: <b>1048</b>		Time Received: <b>280518 1400</b>			
Signature: <b>Booyson</b>		Signature: <b>[Signature]</b>			

POD COPY

Version Control (06/2017)