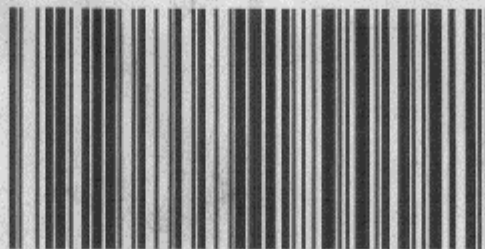


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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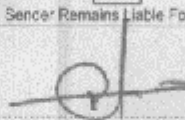

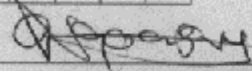


DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0051
Tel (012) 673-2000
Reg. No. 2000/015342/07
VAT No. 4880189685



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|---|--|---|--|---|
| Sender's Details Company Name LE CREUSET HYDEPARK Street Address CNR 16T ROAD & JAN SMUT HYDEPARK CORNER HYDEPARK Suburb SANDTON City / Town JNB Postal Code 2196 Contact PATRICIA MOAGA Phone 011 325 5606 | | Consignee's Details. Full Street Address Please Company Name LE CREUSET Hobart Street Address Shop G1 CNR Hobart & Grosvenor RD Suburb SANDTON City / Town JHB Postal Code 2001 Contact Sevarian Phone (011) 568 4708 | | Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff |
| 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 | | |
| SPECIAL INSTRUCTIONS Tariff Code 027766 Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) | | | | |
| 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 14.6 AND 14.7 OVERLEAF). | | | | |
| e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number | | SENDER'S AUTHORISED SIGNATURE  DATE 02/07/18 | | |
| Total Parcels  | | Total Mass (Kg) | | |
| Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Gontse Date Received: 030718 Time Received: 0953 Signature:  | | Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)  Date Received: 020718 Time Received: 1600 Signature:  | | |

