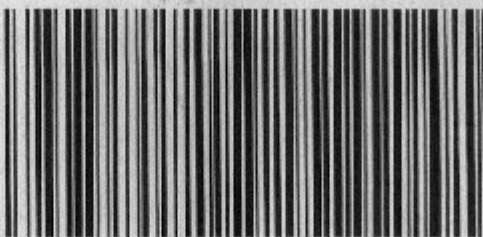


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
 t/a DSV Distribution
 PO Box 63, The Reeds 0001
 Tel: (012) 673-2000
 Reg. No. 2004/01574707
 VAT Reg. No. 4280213873



SUBBD24860709

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: SHOP UH BEDFORDVIEW CENTRE, CNR SMITH AND VAN DER KINDE STREETS.				
Suburb: HIGHWAY - MIDRAND		Suburb: BEDFORDVIEW				<input type="checkbox"/> Express
City / Town: JNB	Postal Code: 2066	City / Town: JOHANNESBURG	Postal Code: 2008			<input type="checkbox"/> With Sunrise Option
Contact: CASSANDA		Contact: NATISHA				<input type="checkbox"/> With Saturday Service
Phone: 011 568 2097		Phone: 011 615 1923				<input type="checkbox"/> Public Holiday Service
Destination Country: <input checked="" type="checkbox"/> South Africa		<input type="checkbox"/> Botswana		<input type="checkbox"/> Lesotho	<input type="checkbox"/> Namibia	<input checked="" type="checkbox"/> Economy
Destination Country: <input type="checkbox"/> Swaziland		<input type="checkbox"/> Other (Please Specify)		Analysis Code: 17		<input type="checkbox"/> After Hours
Sender's Reference: UT10951216		Analysis Code: 17				BLNS Customs Tariff
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To: <input checked="" type="checkbox"/> Sender 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: _____ SENDER'S AUTHORIZED SIGNATURE: [Signature] DATE: 01/03/2018						
Total Parcels: 1 NO. OF PARCELS PER DIMENSIONS: 1		LENGTH (CM): _____		WIDTH (CM): _____		Total Mass (Kg): _____
HEIGHT (CM): _____		Goods received in full without damage (unless endorsed) Name of Receiver (PLEASE PRINT CLEARLY): Natasha				
Date Received: 02/03/18		Time Received: 9:39		Name of Courier (PLEASE PRINT CLEARLY): MARSH		
Signature: [Signature]		Date Received: 01/03/18		Time Received: 13:00		
Signature: [Signature]		Signature: [Signature]				

POD COPY

Version: 02/01/16 (08/2016)

