

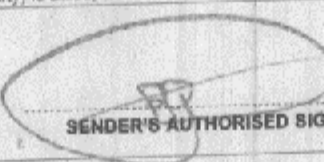
CONTRACT FOR CARRIAGE / DISPATCH NOTE

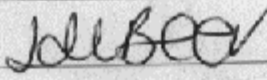
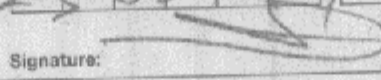


DSV South Africa
 t/a DSV Distribution
 PO Box 63, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4280213873



SUBBD24860716

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 Unit 5 Haxon Park Olive Grove Industrial Estate Old Paardevlei Road						<input checked="" type="checkbox"/> Express	
Suburb HIGHWAY - MIDRAND		Suburb SOMERSET WEST						<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 LISA						<input type="checkbox"/> Public Holiday Service	
Phone 011 568 2097		Phone 021 851 7178						<input type="checkbox"/> Economy	
Destination Country		(Please Specify)						<input type="checkbox"/> After Hours	
South Africa <input checked="" type="checkbox"/>								<input type="checkbox"/> BLNS Customs Tariff	
Botswana									
Lesotho									
Namibia									
Swaziland									
Other									
Sender's Reference		Analysis Code						1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS								3. EFT <input type="checkbox"/>	
Bill Charges To Account No. 027765		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>						Total Mass (Kg)	
		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, 12.8 AND 12.7 OVERLEAF).		 SENDER'S AUTHORIZED SIGNATURE						DATE 23/02/18	
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)	
01									

Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
LISA				WPH			
Date Received:		Time Received:		Date Received:		Time Received:	
26/02/18		11:00		23/02/18		15:30	
Signature: 				Signature: 			

POD COPY

Version Control #06/2018