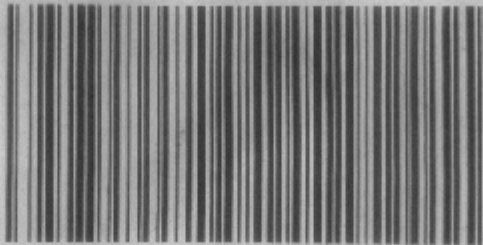


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
 1/4 DSV Distribution
 PO Box 63, The Reads 0081
 Tel (012) 873-2000
 Reg. No. 2004/D15747/07
 VAT Reg. No. 4280213673



SUBBD25131613

Sender's Details Company Name: LE CREUSET HEAD OFFICE Street Address: UNIT 5, HERON PA OLIVE GROVE IND. ESTATE OLD PAARDEVELEI RD Suburb: SOMERSET WEST City/Town: CPT Postal Code: 7100 Contact: JASHIN FRASER Phone: 021 851 7178		Consignee's Details. Full Street Address Please Company Name: CORE CATERING SUPPLIES Street Address: SHOP 1A BRIDGE ON BOND CENTRE CNR. BOND STREET & BRAM FISHER DRIVE, KENSINGTON B RANDBURG Suburb: City/Town: RANDBURG Postal Code: 2194 Contact: LAUREN Phone: 011-326 2370		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)		Sender's Reference: PIZZA EVINO Analysis Code: 		
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input type="checkbox"/> 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 		SENDER'S AUTHORIZED SIGNATURE: <i>[Signature]</i> DATE: 22-10-18		
Total Parcels <input type="checkbox"/> 1		Total Mass (Kg) 23		
NO. OF PARCELS PER DIMENSIONS Box		LENGTH (CM) 46 WIDTH (CM) 46 HEIGHT (CM) 52		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): S1 MON STRANDA Date Received: 24/10/18 Time Received: 1100		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): Date Received: 22/10/18 Time Received: 1851 Signature: <i>[Signature]</i>		

POD COPY

Version 20180116 10:00:00