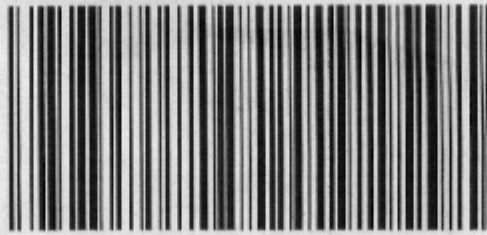


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
 t/a DSV Distribution
 PO Box 83, The Reads 0061
 Tel (012) 673-2000
 Reg No. 2004/01574707
 VAT Reg. No. 4260213873



SUBBD25131860

SUBHT0978981			
ADDITIONAL			
TRACKING			
NUMBERS			

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required
Company Name LE CREUSET HEAD OFFICE		Company Name LE CREUSET WATERCREST					<input type="checkbox"/> Same Day
Street Address UNIT 5, HERON PA OLIVE GROVE IND. ESTATE OLD PAARDEVLEI RD		Street Address SHOP UG04 WATERCREST MALL INANDA ROAD					
Suburb SOMERSET WEST		Suburb WATERFALL					<input type="checkbox"/> Express
City / Town CPT	Postal Code 7150	City / Town DUR	Postal Code 3652	Analysis Code		<input type="checkbox"/> With Sunrise Option	
Contact JASHIN FRASER		Contact SIPESANDE MKETO					<input type="checkbox"/> With Saturday Service
Phone 021 851 7178		Phone 031 763 1525					<input checked="" 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 type="checkbox"/> Swaziland	<input type="checkbox"/> Other (Please Specify)	<input checked="" type="checkbox"/> Economy
Sender's Reference		Analysis Code					<input type="checkbox"/> After Hours
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766	<input type="checkbox"/> Bill To Sender	<input checked="" type="checkbox"/> Consignee	<input type="checkbox"/> Other (Name Please)	If Consignee Or Other (Third Party) is Billed, Sender Remains Liable For Unpaid Charges.			<input type="checkbox"/> BLNS Customs Tariff
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 280.00 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)							
SENDER'S AUTHORISED SIGNATURE <i>[Signature]</i>						DATE 24/8/18	<input type="checkbox"/> 1. ONLINE
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number							<input type="checkbox"/> 3. EFT
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)	
2		BOX	89	46	29	15	
		TUBE	49	8	8		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) SIPESANDE				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) AKBAZ			
Date Received: 270818		Time Received: 1125		Date Received: 24 8 18		Time Received: 11630	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

Version Control (04/2018)