

CONTRACT FOR CARRIAGE / DISPATCH NOTE

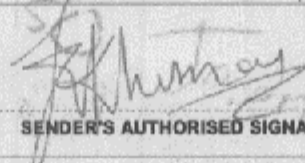

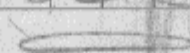


DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No 2004/015747/07
VAT Reg. No 4260213873



SUBBD25396662

10 27

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required
Company Name: <u>Le Creuset Brooklyn</u>		Company Name: <u>Le Creuset</u>					<input type="checkbox"/> Same Day
Street Address: <u>Brooklyn Mall 318, c/o Watervloof 4, Veele Road, Brooklyn</u>		Street Address: <u>Unit 5 Heron Park Olive Grove Industrial Estate, Old Paardevlei Rd, Somerset West</u>					<input type="checkbox"/> Express
Suburb: <u>Brooklyn</u>		Suburb: <u>Somerset West</u>					<input type="checkbox"/> With Sunrise Option
City/Town: <u>Pretoria</u> Postal Code: <u>0002</u>		City/Town: <u>Cape Town</u> Postal Code: <u>7200</u>					<input type="checkbox"/> With Saturday Service
Contact: <u>Tatiana</u>		Contact: <u>Franci</u>					<input type="checkbox"/> Public Holiday Service
Phone: <u>012 346 7840</u>		Phone: <u>021 851 7178</u>					<input checked="" type="checkbox"/> Economy
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 type="checkbox"/> After Hours
Sender's Reference: <u>UT104095</u>		Analysis Code					<input type="checkbox"/> BLNS Customs Tariff
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>					<input type="checkbox"/> 1. ONLINE
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 R250.00 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		
					DATE <u>06/02/2018</u>		
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)	Total Mass (Kg)	
1		BOX					
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<u>EI V / N8</u>				<u>DSV</u>			
Date Received:		Time Received:		Date Received:		Time Received:	
<u>070218</u>		<u>0940</u>		<u>070218</u>		<u>1612</u>	
Signature: 				Signature: 			

POD COPY

Version Control: (05/2016)