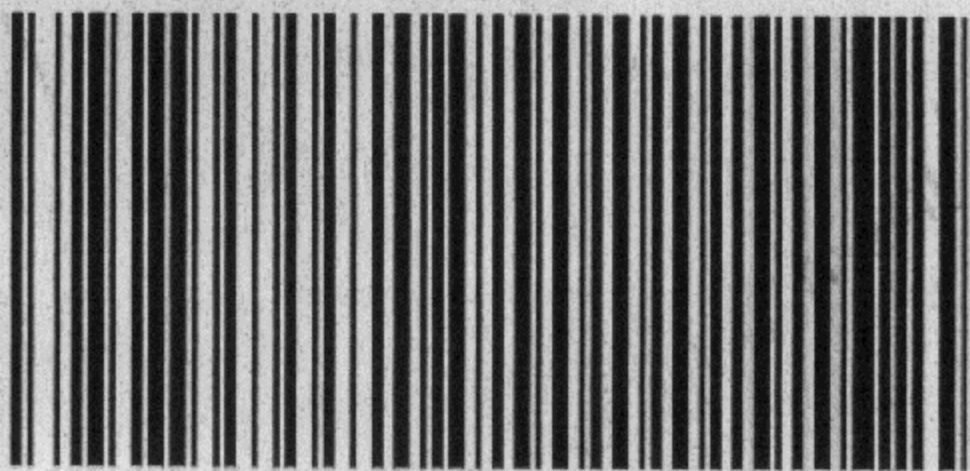


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD25699962


<b>Sender's Details</b>		<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>	
Company Name <i>Le Grueset Baywest</i>		Company Name <i>Le Grueset Warehouse</i>				<input type="checkbox"/> Same Day	
Street Address <i>Sho 6431</i>		Street Address <i>Unit 5 Heron Park</i>				<input type="checkbox"/> Express	
<i>Nz, Baywest Mall,</i>		<i>Olive Grove Industrial Estate</i>				<input type="checkbox"/> With Sunrise Option	
<i>Walker Drive extension</i>		<i>Old gardenia road</i>				<input type="checkbox"/> With Saturday Service	
Suburb <i>Walker Drive extension</i>		Suburb <i>Comerset West</i>				<input type="checkbox"/> Public Holiday Service	
City / Town <i>BE</i>	Postal Code <i>6001</i>	City / Town <i>Cape Town</i>	Postal Code <i>7100</i>	<input checked="" type="checkbox"/> Economy		<input type="checkbox"/> After Hours	
Contact <i>lene</i>	Phone <i>021 021 0011</i>	Contact <i>Mary</i>	Phone <i>021 851 7787</i>	<input type="checkbox"/> BLNS Customs Tariff		1. ONLINE <input type="checkbox"/>	
Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)	3. EFT <input type="checkbox"/>
Sender's Reference <i>UTI</i>		Analysis Code				Total Mass (Kg)	
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <i>027766</i>	Bill To Sender <input 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			
<b>Total Parcels</b>	<b>NO. OF PARCELS PER DIMENSIONS</b>	<b>LENGTH (CM)</b>	<b>WIDTH (CM)</b>	<b>HEIGHT (CM)</b>			
<i>1</i>		<i>51</i>	<i>49</i>	<i>26</i>			
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>			
Name Of Receiver (PLEASE PRINT CLEARLY) <i>MARY</i>				Name Of Courier (PLEASE PRINT CLEARLY) <i>XOLANI</i>			
Date Received: <i>070518</i>		Time Received: <i>1350</i>		Date Received: <i>040518</i>		Time Received: <i>1620</i>	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

POD COPY

Version Control (06/2016)