

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
 t/a DSV Distribution  
 PO Box 63, The Reeds 0061  
 Tel (012) 673-2000  
 Reg. No. 2004/01574707  
 VAT Reg. No. 4260213873



SUBBD25926692


PROB COPY

<b>Sender's Details</b>			<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>																					
Company Name <b>LE CREUSET MALL OF AFRI</b>			Company Name <b>LE CREUSET MALL OF THE SOUTH</b>				<input type="checkbox"/> Same Day																					
Street Address <b>SHOP 2040 CNR ALLANDALE &amp; BEN SCHOEMAN HIGHWAY</b>			Street Address <b>SHOP C1062 KILIPINEE DRIVE AND SWAK KIPPAS ASPENHILLS</b>				<input type="checkbox"/> Express																					
Suburb <b>WATERFALL ESTATE</b>			Suburb <b>ASPENHILLS</b>				<input type="checkbox"/> With Sunrise Option																					
City / Town <b>JNB</b>		Postal Code <b>2056</b>	City / Town <b>JOHANNESBURG</b>		Postal Code <b>2012</b>		<input type="checkbox"/> With Saturday Service																					
Contact <b>PHINDILE KHANGALE</b>			Contact <b>ELLEN TSHICHA</b>				<input type="checkbox"/> Public Holiday Service																					
Phone <b>011 568 2097</b>			Phone <b>010 5100 823</b>				<input 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	<input type="checkbox"/> After Hours																				
Destination Country		(Please Specify)						<input type="checkbox"/> BLMS Customs Tariff																				
Sender's Reference <b>3 TLY 24 CMSTOCKPOT</b>			Analysis Code																									
<b>SPECIAL INSTRUCTIONS</b> <b>UTI 3559105</b>																												
Bill Charges To Account No. <b>027765</b>		Bill To <input checked="" type="checkbox"/> Sender	Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		<input type="checkbox"/> 1. ONLINE																					
<p><small>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 OWNER'S 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 12.6 AND 12.7 OVERLEAF).</small></p>																												
<i>Rayon</i>						<b>03/07/18</b>																						
<b>SENDER'S AUTHORISED SIGNATURE</b>						<b>DATE</b>		<b>Total Mass (Kg)</b>																				
e-mail / Fax / Proof of Delivery			e-mail Address / Fax Number						<table border="1" style="width: 100%; height: 100%;"> <tr><td style="height: 50px;"></td></tr> </table>																			
<b>Total Parcels</b>			<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT (CM)</b>																			
1			1 Box																									
<b>Goods received in full without damage (unless endorsed)</b>						<b>Received By DSV</b>																						
Name Of Receiver (PLEASE PRINT CLEARLY)						Name Of Courier (PLEASE PRINT CLEARLY)																						
Date Received:						Date Received:																						
Time Received:						Time Received:																						
<table border="1" style="width: 100%;"> <tr><td>0</td><td>4</td><td>0</td><td>7</td><td>1</td><td>8</td></tr> </table>						0	4	0	7	1	8	<table border="1" style="width: 100%;"> <tr><td>0</td><td>3</td><td>0</td><td>7</td><td>1</td><td>8</td></tr> </table>			0	3	0	7	1	8	<table border="1" style="width: 100%;"> <tr><td>1</td><td>5</td><td>4</td><td>5</td></tr> </table>		1	5	4	5		
0	4	0	7	1	8																							
0	3	0	7	1	8																							
1	5	4	5																									
Signature: <i>C.egsen</i>						Signature: <i>[Signature]</i>																						