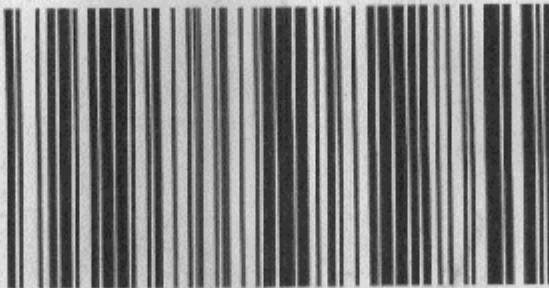


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD26354809


POD COPY

<b>Sender's Details</b>		<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>			
Company Name <u>Powate</u>		Company Name <u>Le Creuset</u>				<input type="checkbox"/> Same Day			
Street Address <u>76 Rocher</u>		Street Address _____				<input checked="" type="checkbox"/> Express			
Suburb <u>Bailey Park</u>		Suburb _____				<input type="checkbox"/> With Sunrise Option			
City/Town <u>Potchefstroom</u> Postal Code _____		City/Town <u>Somerset West</u> Postal Code _____				<input type="checkbox"/> With Saturday Service			
Contact _____		Contact _____				<input type="checkbox"/> Public Holiday Service			
Phone _____		Phone _____				<input type="checkbox"/> Economy			
Destination Country		South Africa		Botswana		<input type="checkbox"/> After Hours			
		Lesotho		Namibia		<input type="checkbox"/> BLNS Customs Tariff			
		Swaziland		Other (Please Specify)					
Sender's Reference <u>U719686016</u>		Analysis Code _____				<input type="checkbox"/> 1. ONLINE			
<b>SPECIAL INSTRUCTIONS</b>								<input type="checkbox"/> 3. EFT	
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) _____							
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).		<u>[Signature]</u> SENDER'S AUTHORISED SIGNATURE				<u>2018/01/05</u> DATE			
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number _____				<b>Total Mass (Kg)</b>			
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>				<b>WIDTH (CM)</b>	
						<b>HEIGHT (CM)</b>			
<u>1</u>									
<b>Goods received in full without damage (unless endorsed)</b> Name Of Receiver (PLEASE PRINT CLEARLY) <u>Mason</u>				<b>Received By DSV</b> Name Of Courier (PLEASE PRINT CLEARLY) <u>DAVA</u>					
Date Received: <u>08 01 18</u>		Time Received: <u>08H45</u>		Date Received: <u>05 01 18</u>		Time Received: <u>16:10</u>			
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>					

Version Control (08/2016)