

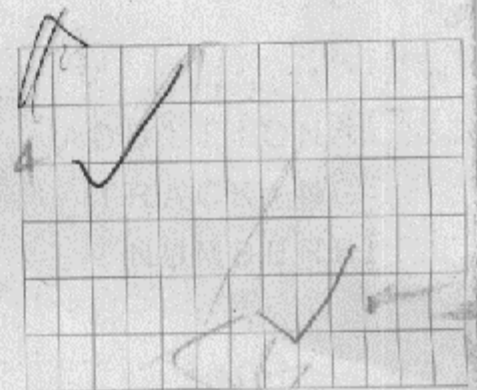
CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 873-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4280213873



SUBBD26435433



Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <b>LE CREUSET MALL OF THE SHOP G062</b>		Company Name <b>Le creuset Headoffice</b>						<input type="checkbox"/> Same Day	
Street Address <b>MALL OF THE SOUTH</b>		Street Address <b>Unit 5 Heron Park</b>						<input type="checkbox"/> Express	
<b>KLIPRVIER DRIVE &amp; SWARTKOPPI</b>		<b>Olive Grove Business Park</b>						<input type="checkbox"/> With Sunrise Option	
Suburb <b>ASPEN HILLS-JHB</b>		Suburb <b>Somerset West</b>						<input type="checkbox"/> With Saturday Service	
City / Town <b>JNB</b> Postal Code		City / Town <b>Cape Town</b> Postal Code <b>8001</b>						<input type="checkbox"/> Public Holiday Service	
Contact <b>LULO NONOTSE</b>		Contact <b>Jenna</b>						<input checked="" type="checkbox"/> Economy	
Phone <b>010 500 0223</b>		Phone <b>021 851 7178</b>						<input type="checkbox"/> After Hours	
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference <b>UT11467510</b>		Analysis Code							
<b>SPECIAL INSTRUCTIONS</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"/>		1. ONLINE <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>	
1									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>JENNA</b>					Received By DSV Name/Of Courier (PLEASE PRINT CLEARLY) <b>AEB0</b>				
Date Received: <b>190318</b>		Time Received: <b>1045</b>			Date Received: <b>190318</b>		Time Received: <b>1645</b>		
Signature:					Signature:				

POD COPY

BLNS Customs Tariff

1. ONLINE

3. EFT

Total Mass (Kg)

Version Control (08/2016)