

CONTRACT FOR CARRIAGE / DISPATCH NOTE



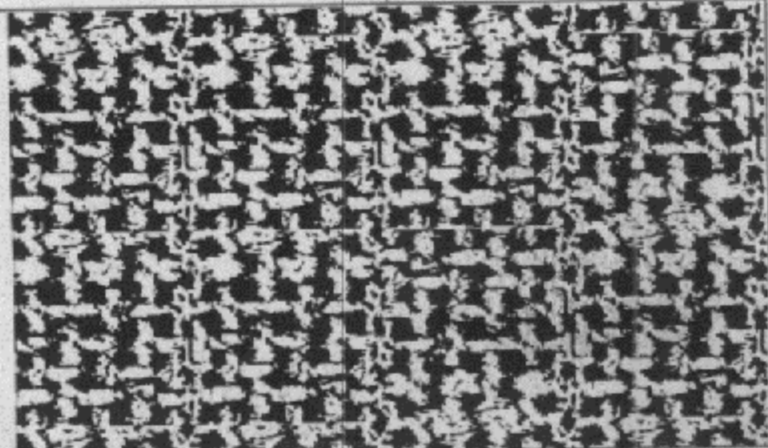
DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD26435441

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>LE CREUSET MALL OF THE SHOP G062</u>		Company Name <u>(Unit 5 Heron Park) Le Creuset</u>				Same Day	
Street Address <u>MALL OF THE SOUTH</u>		Street Address <u>Unit 5 Heron Park</u>				Express <input checked="" type="checkbox"/>	
<u>KLIPRUIER DRIVE & SWARTKOPPI</u>		<u>Olive Grove Park</u>				With Sunrise Option	
Suburb <u>ASPEN HILLS-JHB</u>		Suburb <u>Somerset Park</u>				With Saturday Service	
City / Town <u>JNB</u>	Postal Code	City / Town <u>Cape Town</u>	Postal Code <u>8001</u>		Public Holiday Service		
Contact <u>LULO NONOISE</u>		Contact <u>LISA</u>			Economy		
Phone <u>010 500 0223</u>		Phone <u>011 475 1202 021 851 7178</u>			After Hours <u>L</u>		
Destination Country <input checked="" type="checkbox"/> South Africa		<input type="checkbox"/> Botswana		<input type="checkbox"/> Lesotho	<input type="checkbox"/> Namibia	<input type="checkbox"/> Swaziland	BLNS Customs Tariff
Sender's Reference <u>UT10305341</u>		Analysis Code				1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS		Bill Charges To Account No. <u>027766</u> Bill To Sender <input checked="" 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			
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)	
1							
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<u>LISA</u>				<u>LISA</u>			
Date Received:		Time Received:		Date Received:		Time Received:	
<u>020218</u>		<u>0950</u>		<u>020218</u>		<u>1500</u>	
Signature: <u>LISA</u>				Signature: <u>[Signature]</u>			



Version Control (05/2016)