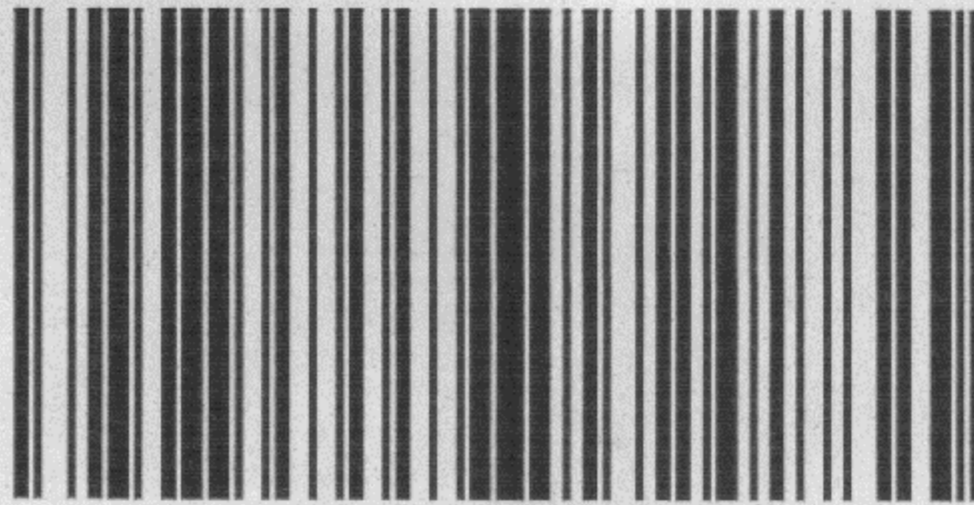


CONTRACT FOR CARRIAGE / DISPATCH NOTE


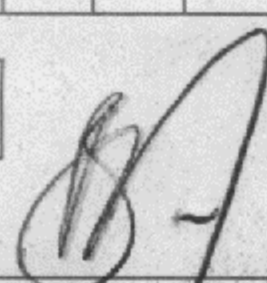
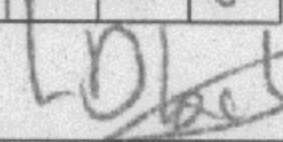


DSV Road (Pty) Ltd  
 t/a DSV Distribution  
 PO Box 63, The Reeds 0061  
 Tel (012) 673-2000  
 Reg. No. 2000/016342/07  
 VAT. No. 4880189685



SUBBD26681906

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <i>Le Creuset Ballito</i>		Company Name <i>Le Creuset S.A</i>				<input type="checkbox"/> Same Day	
Street Address <i>Shop 244, Leonora Drive, Ballito Dolphine Coast, Tongaat</i>		Street Address <i>Unit 1, Heron Park Olive Grove industrial est. Old Paardevlei Road</i>				<input type="checkbox"/> Express	
Suburb <i>Ballito</i>		Suburb <i>Saner Set West</i>				<input type="checkbox"/> With Sunrise Option	
City / Town <i>Durban</i> Postal Code <i>4399</i>		City / Town <i>Cape Town</i> Postal Code <i>8001</i>				<input type="checkbox"/> With Saturday Service	
Contact <i>Smitha</i>		Contact <i>Helena</i>				<input type="checkbox"/> Public Holiday Service	
Phone <i>032004 0138</i>		Phone <i>0218517178</i>				<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa		Botswana		Lesotho	
		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference				Analysis Code			
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <i>027766</i>		Bill To <input type="checkbox"/> Sender		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 14.14 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 14.5 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 14.5, 14.6 AND 14.7 OVERLEAF).							
				 SENDER'S AUTHORISED SIGNATURE		1/6/2018 DATE	
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>	
<i>1</i>		<i>Box</i>					
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>			
Name Of Receiver (PLEASE PRINT CLEARLY) <i>BASIL</i>				Name Of Courier (PLEASE PRINT CLEARLY) <i>L12W1</i>			
Date Received: <i>040618</i>		Time Received: <i>1050</i>		Date Received: <i>060618</i>		Time Received: <i>1618</i>	
Signature: 				Signature: 			

BLNS Customs Tariff	
1. ONLINE	<input type="checkbox"/>
3. EFT	<input type="checkbox"/>
Total Mass (Kg)	

POD COPY

Version Control (08/2017)

