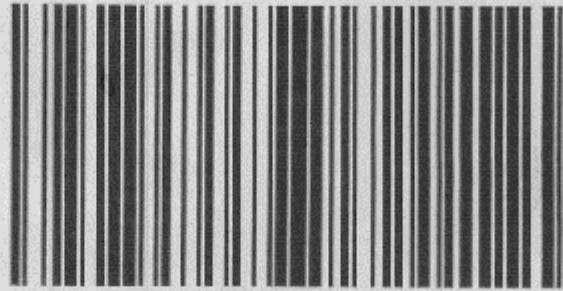


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



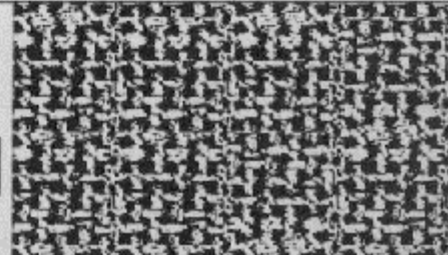
SUBBD26681912

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le Creuset Ballito</u>		Company Name <u>Le Creuset</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop 244</u>		Street Address <u>Unit 1 Heron Park,</u>				<input type="checkbox"/> Express	
<u>Leonora Drive, Ballito</u>		<u>Olive Grove Park</u>				<input type="checkbox"/> With Sunrise Option	
<u>Dolpin Coast, Tongaat</u>		<u>Old paardeulei road</u>				<input type="checkbox"/> With Saturday Service	
Suburb <u>Ballito</u>		Suburb <u>Sommerset West</u>				<input type="checkbox"/> Public Holiday Service	
City / Town <u>Durban</u> Postal Code <u>4399</u>		City / Town <u>Cape Town</u> Postal Code <u>8000</u>				<input checked="" type="checkbox"/> Economy X	
Contact <u>Sonitha</u>		Contact <u>Franci</u>				<input type="checkbox"/> After Hours	
Phone <u>0320040138</u>		Phone <u>0218517178</u>				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		<input type="checkbox"/>	
		Lesotho		Namibia		<input type="checkbox"/>	
		Swaziland		Other (Please Specify)		<input type="checkbox"/>	
Sender's Reference <u>UTI2834981</u>		Analysis Code				<input type="checkbox"/>	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <input type="checkbox"/>		Bill To <input type="checkbox"/> Consignee		Other <input type="checkbox"/> (Name Please)		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 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).							
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)	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
1		X		CRATE			
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<u>BASIL</u>				<u>Lizwi</u>			
Date Received:				Date Received:			
<u>130618</u>				<u>080618</u>			
Time Received:				Time Received:			
<u>1155</u>				<u>1600</u>			
Signature:				Signature:			

Total Mass (Kg)

POD COPY



VERSION 1.0 (2017)