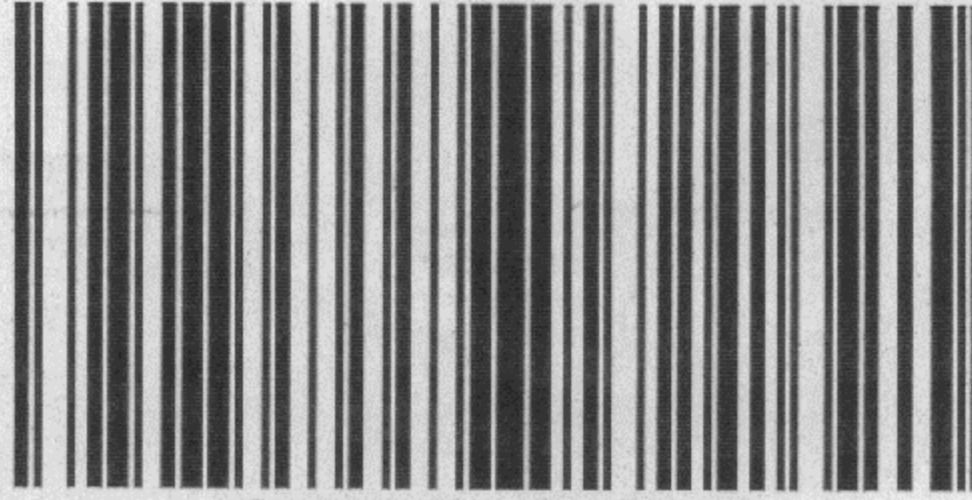


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD26681976

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>Shop 224</u>		Company Name <u>LeCreuset</u>						<input type="checkbox"/> Same Day	
Street Address <u>Leonora Drive</u>		Street Address <u>Unit 1 Heron Park</u>						<input type="checkbox"/> Express	
<u>Le Creuset Ballito</u>		<u>Olive Grove Park</u>						<input type="checkbox"/> With Sunrise Option	
<u>Junction Dolphin road</u>		<u>Old paardevlei road</u>						<input type="checkbox"/> With Saturday Service	
<u>Durban</u>		<u>Sommerset West</u>						<input type="checkbox"/> Public Holiday Service	
Suburb		Suburb						<input checked="" type="checkbox"/> Economy	
City / Town <u>Dur</u> Postal Code <u>4399</u>		City / Town <u>Cape Town</u> Postal Code <u>8000</u>						<input type="checkbox"/> After Hours	
Contact <u>Sonitha</u>		Contact <u>Carmen</u>						<input type="checkbox"/> BLNS Customs Tariff	
Phone <u>0320040138</u>		Phone <u>021-8517178</u>						<input type="checkbox"/> 1. ONLINE	
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		Lesotho		Namibia	
						Swaziland		Other (Please Specify)	
Sender's Reference <u>UTI2921222</u>		Analysis Code						<input type="checkbox"/> 3. EFT	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No.		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		Total Mass (Kg)	
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)		HEIGHT (CM)	
1		X Box							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Lauren</u>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>L12W1</u>				
Date Received: <u>220518</u>		Time Received: <u>0920</u>			Date Received: <u>180518</u>		Time Received: <u>1410</u>		
Signature: <u>[Signature]</u>					Signature: <u>[Signature]</u>				

POD COPY

Version Control (08/2017)

