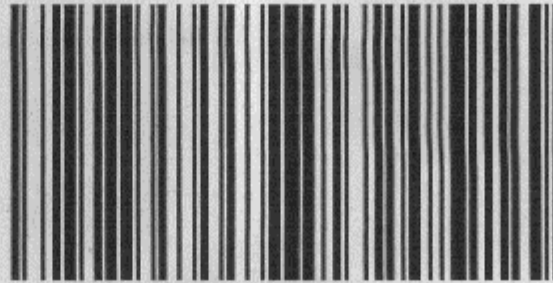


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



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



SUBBD26681982


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 Tyger Valley Centre</i>				<input type="checkbox"/> Same Day	
Street Address <i>Shop 244, Leonora Drive, Ballito Junction</i>		Street Address <i>Shop 513 Enr of Willie Van Schoor, &amp; Bill Bezuidenhout Ave</i>				<input type="checkbox"/> Express	
Suburb <i>Durban</i>		Suburb <i>Bellville</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>7530</i>			<input type="checkbox"/> With Saturday Service	
Contact <i>Sonitha</i>		Contact <i>Hize-Marie</i>				<input type="checkbox"/> Public Holiday Service	
Phone <i>032 004 0138</i>		Phone <i>0219147053</i>				<input checked="" type="checkbox"/> Economy	
Destination Country		<input type="checkbox"/> South Africa	<input type="checkbox"/> Botswana	<input type="checkbox"/> Lesotho	<input type="checkbox"/> Namibia	<input type="checkbox"/> Swaziland	<input type="checkbox"/> Other (Please Specify)
Sender's Reference <i>U T I 2 8 0 8 2 6 2</i>		Analysis Code				<input type="checkbox"/> After Hours	
<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 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).							
				<i>[Signature]</i>		<i>4/5/2018</i>	
				SENDER'S AUTHORIZED SIGNATURE		DATE	
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)		
<i>1</i>		<i>Box</i>					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)			
<i>OLON BAILEY</i>				<i>41201</i>			
Date Received: <i>080518</i>		Time Received: <i>1255</i>		Date Received: <i>040518</i>		Time Received: <i>1500</i>	
Signature:				Signature: <i>[Signature]</i>			

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

POD COPY

Version: Control 10/03/2017