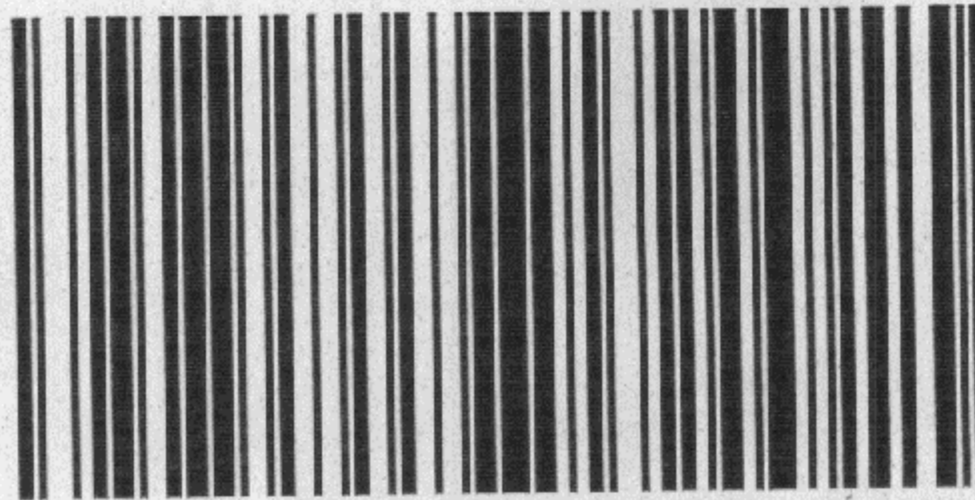


**CONTRACT FOR CARRIAGE / DISPATCH NOTE**

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



SUBBD26681983


105118

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, Leonoro Drive, Ballito Junction Mall, Dolphin Coast</i>		Street Address <i>Unit 5, Heron Park Olive Grove Park industrial est. Old Poards vle</i>				<input type="checkbox"/> Express	
Suburb <i>Durban</i>		Suburb <i>Somerset 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		<input type="checkbox"/> Public Holiday Service	
Contact <i>Synthia</i>	Phone <i>032 004 0138</i>	Contact <i>Mary</i>	Phone <i>021 851 7178</i>	<input checked="" type="checkbox"/> Economy		<input type="checkbox"/> After Hours	
Destination Country		Lesotho		Namibia		Swaziland	
South Africa		Botswana		Other (Please Specify)		BLNS Customs Tariff	
Sender's Reference <i>UT I 2 3 0 3 2 6 2</i>				Analysis Code			
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <i>027766</i>		Bill To Sender <input 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 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			
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>	<b>LENGTH (CM)</b>	<b>WIDTH (CM)</b>	<b>HEIGHT (CM)</b>	<b>Total Mass (Kg)</b>	
<i>1</i>		<i>1 Box</i>					
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) <i>MARY</i>				Name Of Courier (PLEASE PRINT CLEARLY) <i>K12W</i>			
Date Received: <i>08 05 18</i>		Time Received: <i>10 56</i>		Date Received: <i>04 05 18</i>		Time Received: <i>11 30 AM</i>	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

POD COPY

Version Control (08/2017)

