

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



SUBBD26681991

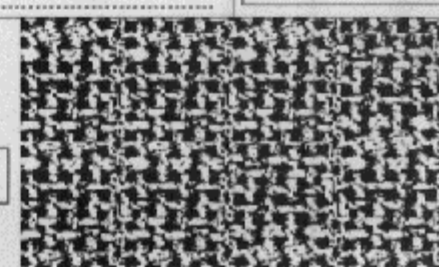
Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le Creuset Ballito</u>		Company Name <u>Le Creuset Cape Town</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop 224, Leonora drive, Ballito Dolphin Coast</u>		Street Address <u>Unit 1, Heron Park Olive Grove industrial East. Old paardeulen Somerset west, Cape Town</u>				<input checked="" type="checkbox"/> Express	
Suburb <u>Durban</u>		Suburb <u>Somerset west, Cape Town</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>Dur</u> Postal Code <u>4001</u>		City / Town <u>Cape Town</u> Postal Code <u>8001</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>Janitha</u>		Contact <u>DICKY</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>032004032</u>		Phone <u>021-8517178</u>				<input type="checkbox"/> Economy	
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		<input type="checkbox"/> After Hours	
		Lesotho		Namibia		<input type="checkbox"/> BLNS Customs Tariff	
		Swaziland		Other (Please Specify)			
Sender's Reference <u>UT I 120005+6</u>		Analysis Code					
SPECIAL INSTRUCTIONS							
Bill Charges To Account No		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).							
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)	
1		X FLYER					
						HEIGHT (CM)	
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<u>Madhace</u>				<u>LIPWI</u>			
Date Received:		Time Received:		Date Received:		Time Received:	
<u>170418</u>		<u>1056</u>		<u>160418</u>		<u>1400</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

POD COPY

1. ONLINE

3. EFT

Total Mass (Kg)



Version: Contract (09-2011)