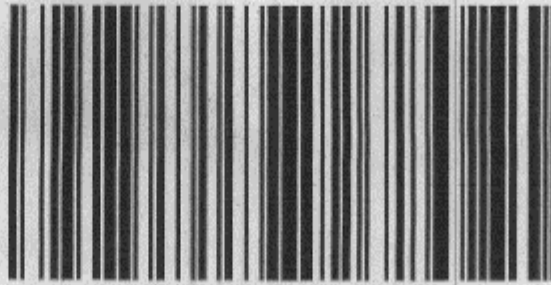


CONTRACT FOR CARRIAGE / DISPATCH NOTE


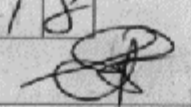



DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT. No. 4880189685



SUBBD26760696

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSET SHOP UM30A</b>		Company Name <b>LE CREUSET</b>				<input type="checkbox"/> Same Day	
Street Address <b>CLEARWATER MALL</b>		Street Address <b>UNIT 5 HERON PARK</b>				<input type="checkbox"/> Express	
<b>CHRISTIAN DE WET ROAD</b>		<b>OLD PARADE ROAD</b>				<input type="checkbox"/> With Sunrise Option	
Suburb <b>JOHANNESBURG</b>		Suburb <b>SOMERSET WEST</b>				<input type="checkbox"/> With Saturday Service	
City / Town <b>JNB</b> Postal Code <b>2001</b>		City / Town <b>CPT</b> Postal Code				<input type="checkbox"/> Public Holiday Service	
Contact <b>LISA</b>		Contact <b>JAAAA</b>				<input checked="" type="checkbox"/> Economy	
Phone <b>011 475 1202</b>		Phone <b>021 851 7178</b>				<input type="checkbox"/> After Hours	
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		Lesotho	
		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference		Analysis Code				BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <b>027766</b>		Bill To Sender <input checked="" type="checkbox"/>		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).							
				 SENDER'S AUTHORISED SIGNATURE		DATE <b>09-02-18</b>	
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>					
<input type="checkbox"/> XI		<b>Box</b>					
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<b>ELWING</b>				<b>ELWING</b>			
Date Received:		Time Received:		Date Received:		Time Received:	
<b>120218</b>		<b>1040</b>		<b>090218</b>		<b>1525</b>	
Signature: 				Signature: 			

POD COPY

Version Control (08/2017)