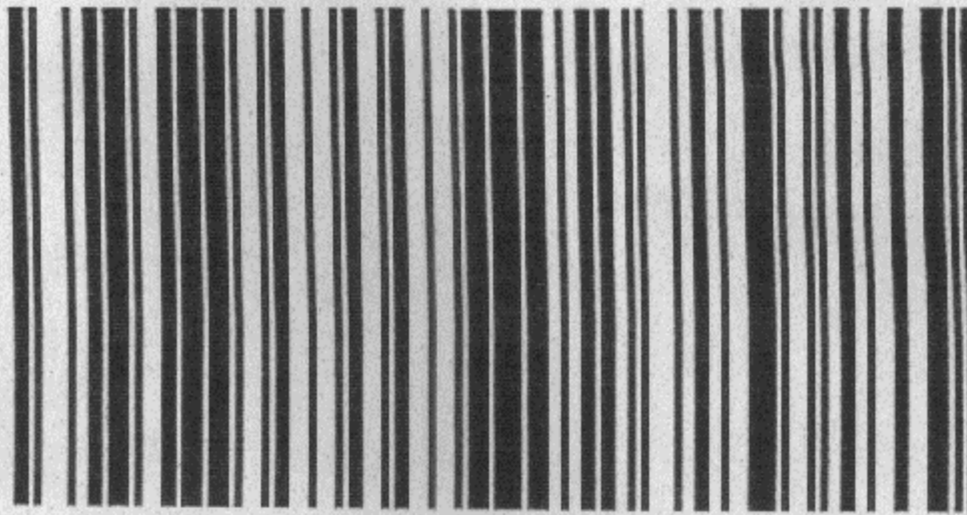


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD26760698

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POD COPY

Sender's Details			Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <u>LE CREUSET SHOP UM30A</u>			Company Name <u>LECREUSET</u>						<input type="checkbox"/> Same Day	
Street Address <u>CLEARWATER MALL</u>			Street Address <u>UNIT 1 HERON PARK OHYE GROVE</u>						<input type="checkbox"/> Express	
<u>CHRISTIAN DE WET ROAD</u>			<u>INDUSTRIAL ESTATE OLD PAARDEVELD</u>						<input type="checkbox"/> With Sunrise Option	
Suburb <u>JOHANNESBURG</u>			Suburb <u>SOMERSET WEST</u>						<input type="checkbox"/> With Saturday Service	
City / Town <u>JNB</u>		Postal Code <u>2001</u>	City / Town		Postal Code				<input type="checkbox"/> Public Holiday Service	
Contact <u>LISA</u>			Contact <u>ONILWE 011 475 1202</u>						<input checked="" type="checkbox"/> Economy	
Phone <u>011 475 1202</u>			Phone <u>024 854 7178</u>						<input type="checkbox"/> After Hours	
Destination Country		South Africa <input checked="" type="checkbox"/>	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference			Analysis Code							
SPECIAL INSTRUCTIONS										
Bill Charges To Account No. <u>027766</u>		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <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).										
						DATE <u>16/01/2018</u>		Total Mass (Kg)		
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)		
<u>X1 Box</u>										
Goods received in full without damage (unless endorsed)						Received By DSV			[Noise/Barcode Area]	
Name Of Receiver (PLEASE PRINT CLEARLY) <u>ELVINO</u>						Name Of Courier (PLEASE PRINT CLEARLY) <u>Ashepo</u>				
Date Received: <u>18/01/18</u>		Time Received: <u>09:50</u>		Date Received: <u>18/01/18</u>		Time Received: <u>14:45</u>				
Signature:						Signature:				