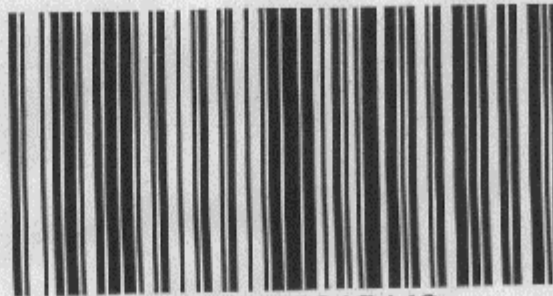


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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

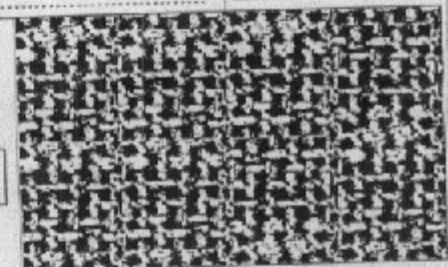


SUBBD26815443

2 2 2 E E E 2 2 2


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <b>Le Creuset</b>		Company Name: <b>le Creuset cPT</b>				<input type="checkbox"/> Same Day	
Street Address: <b>90 William Cambell drive</b>		Street Address: <b>Unit 5, Heron Park</b>				<input checked="" type="checkbox"/> Express	
City/Town: <b>La Lucia</b>		City/Town: <b>olive Grove Industrial Estate</b>				<input type="checkbox"/> With Sunrise Option	
Suburb: <b>Umhlanga</b>		Suburb: <b>old Pieterdevlei Road</b>				<input type="checkbox"/> With Saturday Service	
Postal Code: <b>4000</b>		Postal Code: <b>Somerset west</b>				<input type="checkbox"/> Public Holiday Service	
Contact: <b>Bill McIntosh/Marion</b>		Contact: <b>ATT: Lauren</b>				<input type="checkbox"/> Economy	
Phone: <b>031-5725045</b>		Phone: <b>021-8517175</b>				<input type="checkbox"/> After Hours	
Destination Country: <input checked="" type="checkbox"/> South Africa		Other (Please Specify):				<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference: <b>UTI 9622577</b>		Analysis Code:				<input type="checkbox"/> 1. ONLINE	
<b>SPECIAL INSTRUCTIONS</b>		Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>				<input type="checkbox"/> 3. EFT	
To Account No. <b>027766</b>		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.				Total Mass (Kg)	
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 AUTHORIZED SIGNATURE: <b>(A)</b> DATE: <b>27/12/2017</b>					
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)
		1		1	Flyer		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)			
EZW/MO				M. A. H. K.			
Date Received: <b>29/12/17</b>		Time Received: <b>0830</b>		Date Received: <b>27/12/17</b>		Time Received: <b>1357</b>	
Signature: <b>(Signature)</b>				Signature: <b>(Signature)</b>			

POD COPY



Version Control (08/2017)