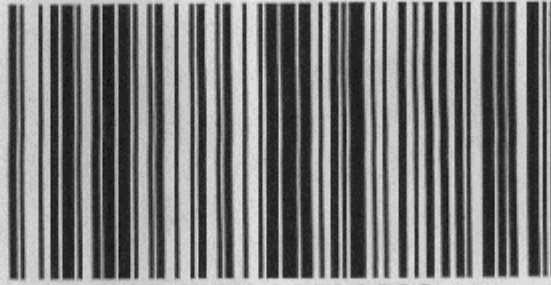


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



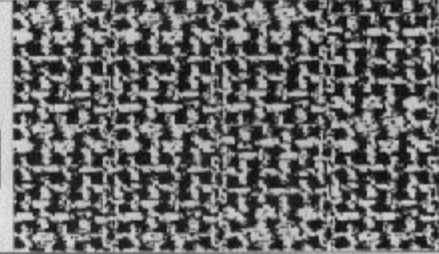
SUBBD26830802

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>SHOP 224</b>		Company Name <b>LE CREUSET CAPE TOWN</b>				<input type="checkbox"/> Same Day	
Street Address <b>LEONORA DRIVE LE CREUSET BALLITO JUNCTION BALLITO DOLPHIN COAST</b>		Street Address <b>UNIT 1, HERON PARK OLIVE GROVE INDUSTRIAL EST. OLD PANDENVLEI</b>				<input checked="" type="checkbox"/> Express	
Suburb <b>DURBAN</b>		Suburb <b>SOMERSET WEST</b>				<input type="checkbox"/> With Sunrise Option	
City / Town <b>DUR</b> Postal Code		City / Town <b>CAPE TOWN</b> Postal Code <b>8001</b>		<input type="checkbox"/> With Saturday Service		<input type="checkbox"/> Public Holiday Service	
Contact <b>SONITHA</b>		Contact <b>CARMEN</b>				<input type="checkbox"/> Economy	
Phone		Phone <b>021 8517178</b>				<input type="checkbox"/> After Hours	
Destination Country		South Africa		Botswana		Lesotho	
South Africa		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference <b>Uti 1714577</b>		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>						<input type="checkbox"/> 1. ONLINE	
Bill Charges To Account No. <b>027766</b>		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		<input type="checkbox"/> 3. EFT	
		Other (Name Please) <input type="checkbox"/>		Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges			
<p>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, 14.8 AND 14.7 OVERLEAF).</p>							
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>	
1		X		FLYER			
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>			
Name Of Receiver (PLEASE PRINT CLEARLY) <b>CARMEN</b>				Name Of Courier (PLEASE PRINT CLEARLY) <b>L12011</b>			
Date Received: <b>040418</b>		Time Received: <b>0926</b>		Date Received: <b>030418</b>		Time Received: <b>1600</b>	
Signature:				Signature:			

POD COPY

Version Control (03/2017)



Total Mass (Kg)