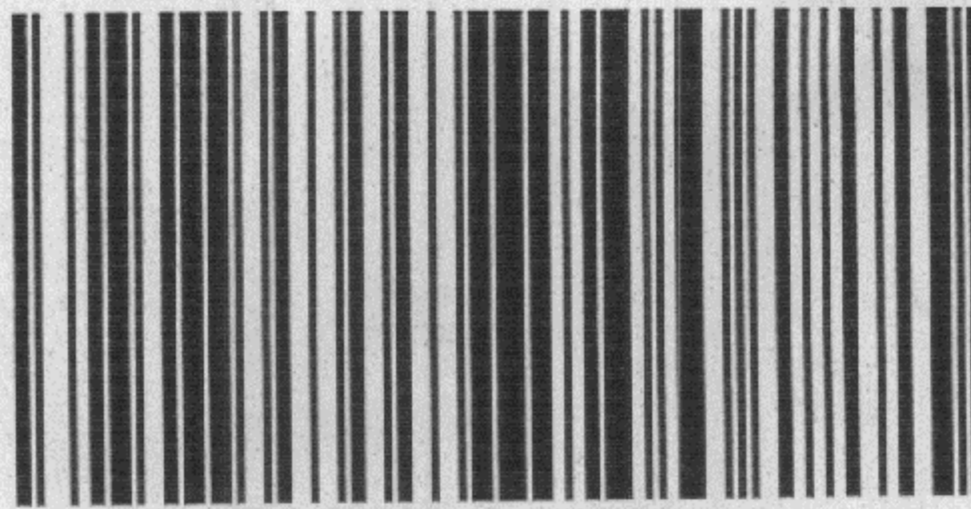


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD26876208

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required			
Company Name LE CREUSET HOBART GROVE		Company Name LE CREUSET					<input type="checkbox"/> Same Day			
Street Address SHOP G1		Street Address UNIT 5 HERON PARK OLIVE GROVE INDUSTRIAL ESTATE					<input type="checkbox"/> Express			
CNR HOBART & GROSVENOR ROADS		OLD PAARDEVELD ROAD					<input type="checkbox"/> With Sunrise Option			
Suburb BRYANSTON		Suburb SOMERSET WEST					<input type="checkbox"/> With Saturday Service			
City / Town JNB Postal Code 2021		City / Town CAPE TOWN Postal Code 7129					<input type="checkbox"/> Public Holiday Service			
Contact		Contact HELENA					<input checked="" type="checkbox"/> Economy			
Phone 011 568 4708		Phone 021 851 7178					<input type="checkbox"/> After Hours			
Destination Country		(Please Specify)					<input type="checkbox"/> BLNS Customs Tariff			
<input type="checkbox"/> South Africa <input checked="" type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other		Analysis Code								
Sender's Reference		Analysis Code					<input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT Total Mass (Kg)			
SPECIAL INSTRUCTIONS										
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> 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					SIFE 10.01 SENDER'S AUTHORISED SIGNATURE _____ DATE _____			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)		
[Signature]										
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) ELVING				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) [Signature]						
Date Received: 150218		Time Received: 0945		Date Received: 150218		Time Received: 1500				
Signature: [Signature]				Signature: [Signature]						

POD COPY

Version Control (08/2017)