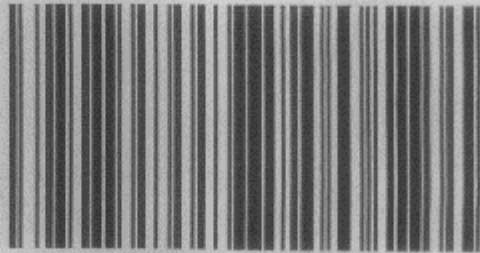


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD26876244

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 Cremona				<input type="checkbox"/> Same Day	
Street Address: SHOP G1		Street Address: Shop UM30A				<input checked="" type="checkbox"/> Express	
CNR HOBART & GROSVENOR ROADS		Cremona Mall				<input type="checkbox"/> With Sunrise Option	
Suburb: BRYANSTON		Suburb: Strobosvalley				<input type="checkbox"/> With Saturday Service	
City/Town: JNB Postal Code: 2021		City/Town: JNB Postal Code: 2001				<input type="checkbox"/> Public Holiday Service	
Contact: _____		Contact: Lisa				<input type="checkbox"/> Economy	
Phone: 011 568 4708		Phone: 011 475 1202				<input type="checkbox"/> After Hours	
Destination Country: <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)						<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference: UT12774044		Analysis Code: _____				<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS						<input type="checkbox"/> 3. EFT	
Bill Charges To Account No: 027766		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) _____					
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 14.6, 14.6.6 AND 14.7 OVERLEAF)		SENDER'S AUTHORISED SIGNATURE: [Signature] DATE: 04/06/18				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)			
1							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): SPHE		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): F. CAS					
Date Received: 060618 Time Received: 1310		Date Received: 060618 Time Received: 1500					
Signature: [Signature]		Signature: [Signature]					

POD COPY

Version Control: 00/01/17