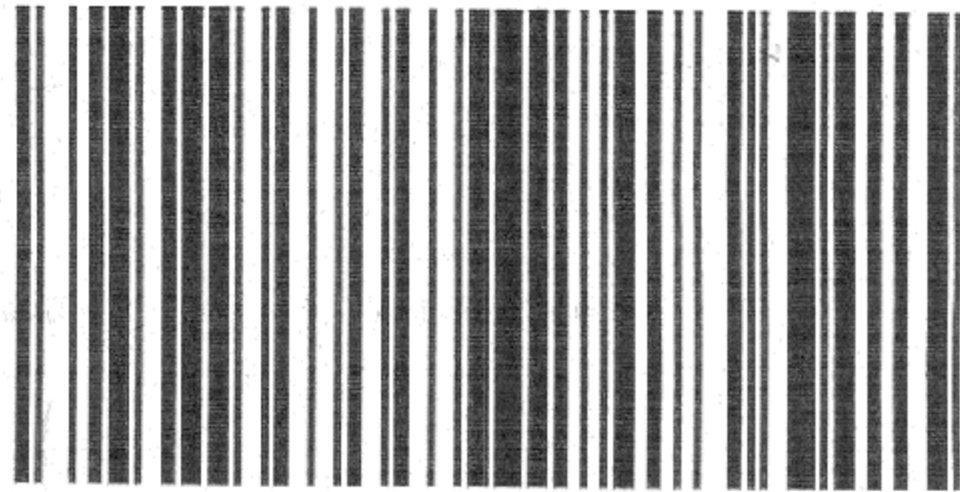


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27156693

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 HOBART GROVE SHOP G1</b>		Company Name <b>LE CREUSET WALMER PARK</b>						<input type="checkbox"/> Same Day	
Street Address <b>CNR HOBART GROSVENOR ROADS</b>		Street Address <b>SITOP 103 WALMER PARK SHOPPING CENTRE MAIN ROAD</b>						<input type="checkbox"/> Express	
Suburb <b>BRYANSTON</b>		Suburb <b>WALMER PARK</b>						<input type="checkbox"/> With Sunrise Option	
City / Town <b>JNB</b>	Postal Code <b>2021</b>	City / Town <b>ROSE ELIZABETH</b>		Postal Code <b>6070</b>		<input type="checkbox"/> With Saturday Service			
Contact <b>SEVARIAN</b>		Contact <b>KENE</b>						<input checked="" type="checkbox"/> Public Holiday Service	
Phone <b>011 568 4708</b>		Phone <b>041 367 2318</b>						<input type="checkbox"/> Economy	
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"/> After Hours		
Other (Please Specify)								<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference <b>UT12163907</b>		Analysis Code						<input type="checkbox"/> 1. ONLINE	
<b>SPECIAL INSTRUCTIONS</b>								<input type="checkbox"/> 3. EFT	
Bill Charges To Account No. <b>027766</b>		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		Total Mass (Kg)	
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					
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT (CM)</b>	
1									
<b>Shivreen</b>									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>Shivreen</b>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>S. 191</b>				
Date Received: <b>25 04 18</b>		Time Received: <b>12 22</b>		Date Received: <b>23 04 18</b>		Time Received: <b>15 45</b>			
Signature:					Signature:				

POD COPY

Version Control (08/2017)