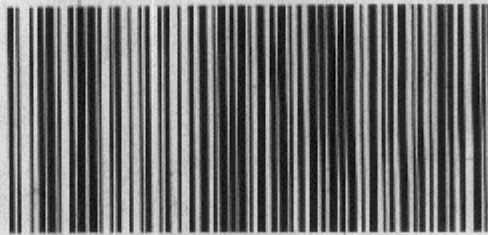


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



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. 4800189685



SUBBD27187599

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required
Company Name: <i>Le creuset</i>		Company Name: <i>UG creuset</i>					<input type="checkbox"/> Same Day
Street Address: <i>Shop L 329 Shopping center Sandton City Sandhurst</i>		Street Address: <i>Shop PL 21 Nicolway Shopping centre willaps Bryanston</i>					
Suburb: <i>Sandhurst</i>		Suburb: <i>Bryanston</i>					<input type="checkbox"/> Express
City/Town: <i>JHB</i> Postal Code: <i>2001</i>		City/Town: <i>JHB</i> Postal Code: <i>2001</i>					<input type="checkbox"/> With Sunrise Option
Contact: <i>Sarah</i>		Contact: <i>Zanele</i>					<input type="checkbox"/> With Saturday Service
Phone: <i>(011) 764-0301</i>		Phone: <i>011 706 290</i>					<input type="checkbox"/> Public Holiday Service
Destination Country: <i>South Africa</i>		Destination Country: <i>South Africa</i>					<input checked="" type="checkbox"/> Economy
Sender's Reference: <i>UT117765526</i>		Analysis Code: <i>UT117765526</i>					<input type="checkbox"/> After Hours
SPECIAL INSTRUCTIONS							
Bill Charges To Account No: <i>027766</i>		Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>					<input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT
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					Total Mass (Kg)
Total Parcels: <i>1</i>		NO. OF PARCELS PER DIMENSIONS: <i>Box</i>		LENGTH (CM):		Total Mass (Kg)	
				WIDTH (CM):			
				HEIGHT (CM):			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <i>GI ZELLE</i>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <i>Chris</i>			
Date Received: <i>06042018</i>		Time Received: <i>1339</i>		Date Received: <i>050418</i>			
				Time Received: <i>1400</i>			
Signature: <i>CBaggen</i>				Signature: <i>[Signature]</i>			

POD COPY

Version Control (05/2017)