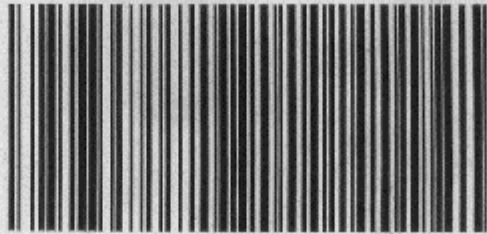


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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. 4880189685



SUBBD27219326

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name <u>LeCrauset (SA)</u>		Company Name <u>Le Crauset Hyde Park</u>				<input type="checkbox"/> Same Day
Street Address <u>Shop 101</u>		Street Address <u>Shop 71</u>				
<u>1 Anvraables Ave</u>		<u>Upper Mall, Hyde Park Corner</u>				<input checked="" type="checkbox"/> Express
<u>Waterfall Mall</u>		<u>c/o Jan Spritz & 6th Avenue</u>				
Suburb <u>Sachan Ext. 12</u>		Suburb <u>Hyde Park</u>				<input type="checkbox"/> With Sunrise Option
City / Town <u>Rustenburg</u> Postal Code <u>0299</u>		City / Town <u>Johannesburg</u> Postal Code <u>2196</u>				<input type="checkbox"/> With Saturday Service
Contact <u>Ishegany</u>		Contact <u>Erico</u>				<input type="checkbox"/> Public Holiday Service
Phone <u>(011) 5372279</u>		Phone <u>(011) 325 5606</u>				<input type="checkbox"/> Economy
Destination Country <input 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"/> After Hours
Sender's Reference <u>SPLATTER GUARD</u>		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u>027766</u> Bill To <input 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, 14.8 AND 14.7 OVERLEAF).						
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number				<input type="checkbox"/> 1. ONLINE
Total Parcels <u>1</u>		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		<input type="checkbox"/> 3. EFT
						Total Mass (Kg) <u>1</u>
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>MPHO</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>Shocho</u>				
Date Received: <u>26 02 18</u>		Time Received:		Date Received: <u>23 02 18</u>		
				Time Received: <u>1507</u>		
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>				

POD COPY

[Signature]
SENDER'S AUTHORISED SIGNATURE

23/02/18
DATE

Version Control (08/2017)