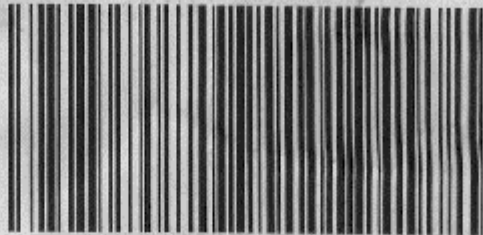


CONTRACT FOR CARRIAGE / DISPATCH NOTE



2 2 2 E E E 2 2 2



DSV Road (Pty) Ltd  
 c/o DSV Distribution  
 PO Box 63, The Reeds 0061  
 Tel (012) 673-2000  
 Reg. No. 2000/015342/07  
 VAT. No. 4880189685

SUBBD27419736


Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: LE CREUSET WATERCREST		Company Name: LE Creuset La Lucia						<input type="checkbox"/> Same Day	
Street Address: INANDA ROAD WATERFALL DURBAN		Street Address: Shop 3 La Lucia Mall 90 Williams Campbell Dr						<input type="checkbox"/> Express	
Suburb: DURBAN		Suburb: La Lucia						<input type="checkbox"/> With Sunrise Option	
City / Town: DUR	Postal Code: 3652	City / Town: Durban	Postal Code: 4051					<input type="checkbox"/> With Saturday Service	
Contact: Siphelele		Contact: ATISHA						<input type="checkbox"/> Public Holiday Service	
Phone: 031 763 1525		Phone: 031 572 5045						<input checked="" 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"/> Other		(Please Specify)						<input type="checkbox"/> After Hours	
Sender's Reference: Keys		Analysis Code						<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No. [ ] [ ] [ ] [ ]		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) [ ] [ ]		If Consignee Or Other (Third Party) Is Elected, 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 Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
1		Flyer							

*[Signature]* 09/02/18  
 SENDER'S AUTHORIZED SIGNATURE DATE

1. ONLINE

3. EFT

Total Mass (Kg)

POD COPY

Goods received in full without damage (unless endorsed)  
 Name Of Receiver (PLEASE PRINT CLEARLY)  
 A t i s h a

Date Received: 1 2 0 2 1 8  
 Time Received: 1 5 3 7

Signature: *[Signature]*

Received By DSV  
 Name Of Courier (PLEASE PRINT CLEARLY)  
 SIVABASA

Date Received: 0 9 0 2 1 8  
 Time Received: 1 4 4 0

Signature: *[Signature]*

