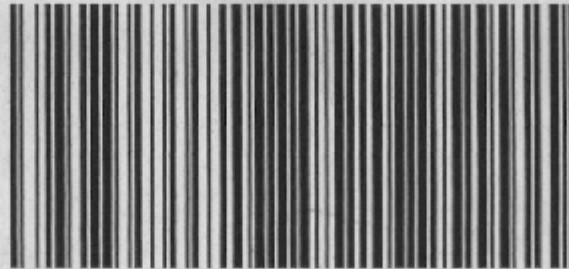


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27502746

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BANKING  
FILE

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le Cruset Walmer</u>		Company Name <u>Le Cruset Head Office</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop 103</u> <u>walmer Park Shopping</u> <u>Centre</u>		Street Address <u>Unit 5, Heron Park</u> <u>Olive Grove, Industrial Estate</u> <u>Old Paardevlei Rd</u>				<input checked="" type="checkbox"/> Express	
Suburb <u>Walmer</u>		Suburb <u>Somerset West</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>P.E</u> Postal Code <u>6020</u>		City / Town <u>Cape Town</u> Postal Code <u>7130</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>Rene Newfeldt</u>		Contact <u>Clarice Brown</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>(041) 3672318</u>		Phone <u>021) 8517178</u>				<input type="checkbox"/> Economy	
Destination Country		South Africa		Botswana		<input type="checkbox"/> After Hours	
		Lesotho		Namibia		<input type="checkbox"/> BLNS Customs Tariff	
		Swaziland		Other (Please Specify)			
Sender's Reference <u>UTI 3822890</u>		Analysis Code					
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <u>27766</u>		Bill To <input type="checkbox"/> Sender		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, 14.6 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)							
<u>1</u>							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>J BENA DE</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>ZAMA</u>			
Date Received: <u>170718</u>		Time Received: <u>0933</u>		Date Received: <u>160718</u>		Time Received: <u>1430</u>	
Signature: <u>Bena</u>				Signature: <u>Zama</u>			
Total Mass (Kg)							

POD COPY

Version Control: (08/2017)