

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



SUBBD27548417

4  
UT12017 857

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

POD COPY

| Sender's Details                                    |  |  | Consignee's Details. Full Street Address Please  |  |  |  | Mark Service Required                           |
|---|--|--|--|--|--|--|---|
| Company Name: <b>LE CREUSET WATERCREST</b>          |  |  | Company Name: <b>LE CREUSET WAREHOUSE</b>  |  |  |  | <input type="checkbox"/> Same Day               |
| Street Address: <b>INANDA ROAD WATERFALL DURBAN</b> |  |  | Street Address: <b>UNIT 5, HERON PARK OLIVE GROVE INDUSTRIAL SOMEREST WEST CAPE TOWN</b> |  |  |  |   |
| Suburb: <b>DUR</b> Postal Code: <b>3652</b>         |  |  | Suburb: <b>CAPE TOWN (CPT)</b> Postal Code: <b>7129</b>                                  |  |  |  | <input type="checkbox"/> Express                |
| City / Town: <b>DUR</b>                             |  |  | City / Town: <b>CAPE TOWN (CPT)</b>  |  |  |  | <input type="checkbox"/> With Sunrise Option    |
| Contact: <b>031 763 1525</b>                        |  |  | Contact: <b>CALMEN</b>   |  |  |  | <input type="checkbox"/> With Saturday Service  |
| Phone: <b>031 763 1525</b>                          |  |  | Phone: <b>021 851 7178</b>   |  |  |  | <input type="checkbox"/> Public Holiday Service |
| Destination Country: South Africa                   |  |  | Destination Country: Lesotho Namibia Swaziland Other (Please Specify)                    |  |  |  | <input checked="" type="checkbox"/> Economy     |
| Sender's Reference: <b>LOGS</b>                     |  |  | Analysis Code  |  |  |  | <input type="checkbox"/> After Hours            |

**SPECIAL INSTRUCTIONS**

Bill Charges To Account No.  Bill To  Sender  Consignee  Other (Name Please)

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).

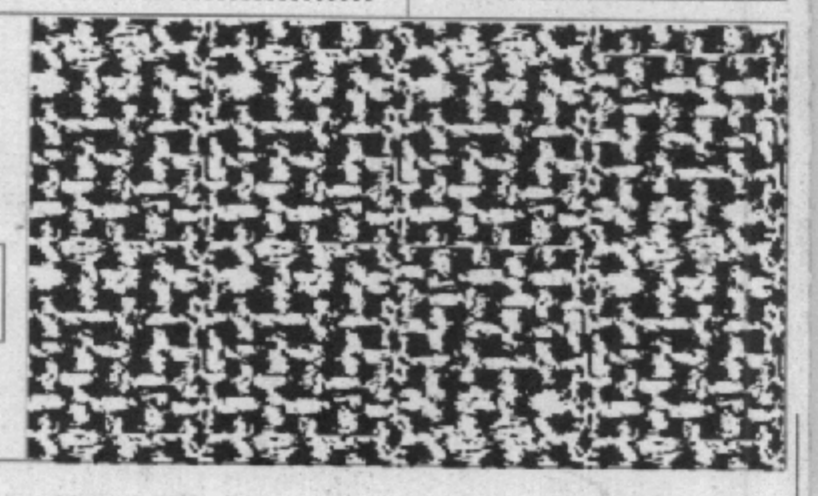
027766

*[Signature]* **SENDER'S AUTHORISED SIGNATURE**      **30/07/18** **DATE**

e-mail / Fax / Proof of Delivery  e-mail Address / Fax Number

| Total Parcels | NO. OF PARCELS PER DIMENSIONS | LENGTH (CM) | WIDTH (CM) | HEIGHT (CM) |
|---------------|-------------------------------|-------------|------------|-------------|
| 1             | 1 Box                         | 110         | 10         |             |

|   |                               |  |                               |
|---|-------------------------------|--|-------------------------------|
| Goods received in full without damage (unless endorsed)<br>Name Of Receiver (PLEASE PRINT CLEARLY)<br><b>Carmen</b> |                               | Received By DSV<br>Name Of Courier (PLEASE PRINT CLEARLY)<br><b>SHABONGA</b> |                               |
| Date Received:<br><b>010818</b>   | Time Received:<br><b>0935</b> | Date Received:<br><b>300718</b>  | Time Received:<br><b>1545</b> |
| Signature: <i>[Signature]</i>   |                               | Signature: <i>[Signature]</i>  |                               |



Version Control (08/2017)