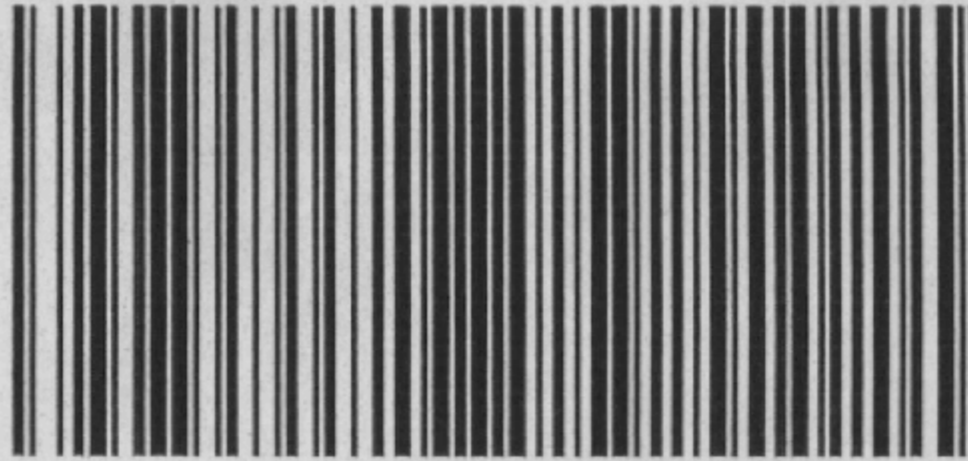


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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

SUBBD27548419

UTI 44 94577

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name..... LE CREUSET WATERCREST				Company Name..... LE CREUSET WAREHOUSE				<input type="checkbox"/> Same Day	
Street Address..... INANDA ROAD WATERFALL DURBAN				Street Address..... UNIT 5, HERON PARK OLIVE GROVE INDUSTRIAL SOMEREST WEST CAPE TOWN				<input type="checkbox"/> Express	
Suburb.....				Suburb.....				<input type="checkbox"/> With Sunrise Option	
City / Town..... DUR		Postal Code..... 3652		City / Town..... CAPE TOWN (CPT)		Postal Code..... 7129		<input type="checkbox"/> With Saturday Service	
Contact..... SURESANDIE				Contact..... CARMEN				<input type="checkbox"/> Public Holiday Service	
Phone..... 031-763-1525				Phone..... 021-851-7178				<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference COMPETITION-ENTRIES				Analysis Code				BLNS Customs Tariff	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No.		Bill To Sender		Consignee		Other (Name Please)		1. ONLINE <input type="checkbox"/>	
								3. EFT <input type="checkbox"/>	
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).									
				SENDER'S AUTHORISED SIGNATURE				DATE	
								06/09/18	
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							
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
CARMEN					SHABOUEA				
Date Received:		Time Received:			Date Received:		Time Received:		
060918		1000			040918		1300		
Signature:					Signature:				

POD COPY

Total Mass (Kg)