

**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



SUBBD27574611

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Sender's Details			Consignee's Details. Full Street Address Please					
Company Name <u>LECREUSET KILLARNEY</u>			Company Name <u>LECREUSET HEAD OFFICE</u>					
Street Address <u>SHOP 100 KILLARNEY</u>			Street Address <u>UNIT 5 HERON PARK</u>					
<u>MALL 60 RIVERA ROAD</u>			<u>OLIVE GROVE INDUSTRIAL ESTATE</u>					
<u>HOUGHTON</u>			<u>OLD PAARDENLEI ROAD</u>					
Suburb <u>HOUGHTON</u>			Suburb <u>SOMERSET WEST</u>					
City / Town <u>JHB</u> Postal Code			City / Town <u>CARE TOWN</u> Postal Code					
Contact <u>FUNDI</u>			Contact <u>NOLANDA</u>					
Phone <u>011 646 6316</u>			Phone <u>021 851 7178</u>					

Mark Service Required
<input type="checkbox"/> Same Day
<input type="checkbox"/> Express
<input type="checkbox"/> With Sunrise Option
<input type="checkbox"/> With Saturday Service
<input type="checkbox"/> Public Holiday Service
<input checked="" type="checkbox"/> Economy
<input type="checkbox"/> After Hours
BLNS Customs Tariff

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference	<u>ONLINE/STOCK TRANSFERE</u>				Analysis Code	

**SPECIAL INSTRUCTIONS**

Bill Charges To Account No. 027766 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).

*[Signature]* 7/17/2018  
SENDER'S AUTHORISED SIGNATURE 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)
<u>1</u>				

1. ONLINE	<input type="checkbox"/>
3. EFT	<input type="checkbox"/>
Total Mass (Kg)	

Goods received in full without damage (unless endorsed)  
Name Of Receiver (PLEASE PRINT CLEARLY)  
N A A L A H

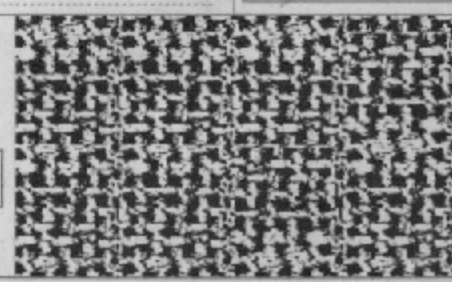
Date Received: 190718 Time Received: 1020

Signature: *[Signature]*

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

Date Received: 170718 Time Received: 1619

Signature: *[Signature]*



POD COPY

Version Control (06/2017)