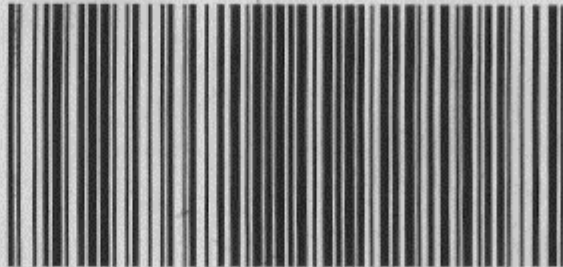


**CONTRACT FOR CARRIAGE / DISPATCH NOTE**

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



**SUBBD27574629**

2 2 2 E E E 2 2 2


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required		
Company Name <u>Le creuset killamey</u>		Company Name <u>Le creuset SA</u>				<input type="checkbox"/> Same Day		
Street Address <u>Shop 100</u>		Street Address <u>Unit 5, Heron Park</u>				<input checked="" type="checkbox"/> <del>Express</del>		
<u>Killamey mall</u>		<u>Olive grove, Industrial Estate</u>				<input type="checkbox"/> With Sunrise Option		
<u>Rivers Rd</u>		<u>Old Paridevlei Rd</u>				<input type="checkbox"/> With Saturday Service		
Suburb <u>Killamey</u>		Suburb <u>Somerset west</u>				<input type="checkbox"/> Public Holiday Service		
City / Town <u>JHB</u>	Postal Code <u>2193</u>	City / Town <u>Cape town</u>	Postal Code <u>7130</u>			<input type="checkbox"/> Economy		
Contact <u>Natasha</u>		Contact <u>Lisa</u>				<input type="checkbox"/> After Hours		
Phone <u>011 646 6316</u>		Phone <u>021 881 7178</u>				<input type="checkbox"/> BLNS Customs Tariff		
Destination Country		<input 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)	
Sender's Reference <u>Zama DOC</u>		Analysis Code						
<b>SPECIAL INSTRUCTIONS</b>								
Bill Charges To Account No. <u>027766</u>	Bill To <input type="checkbox"/> Sender	Consignee <input type="checkbox"/>	Other (Name Please) <input type="checkbox"/>					<input type="checkbox"/> 1. ONLINE
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, 14.8 AND 14.7 OVERLEAF).								
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number						<input type="checkbox"/> 3. EFT
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>	<b>LENGTH (CM)</b>	<b>WIDTH (CM)</b>	<b>HEIGHT (CM)</b>	<b>Total Mass (Kg)</b>		
<u>1</u>		<u>1 FLYER</u>						
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)				
<u>LISA</u>				<u>Jok</u>				
Date Received:		Time Received:		Date Received:		Time Received:		
<u>190618</u>		<u>0844</u>		<u>180618</u>		<u>1447</u>		
Signature: <u>JdeBeer</u>				Signature: <u>[Signature]</u>				

POD COPY

Version Control (09/2017)

