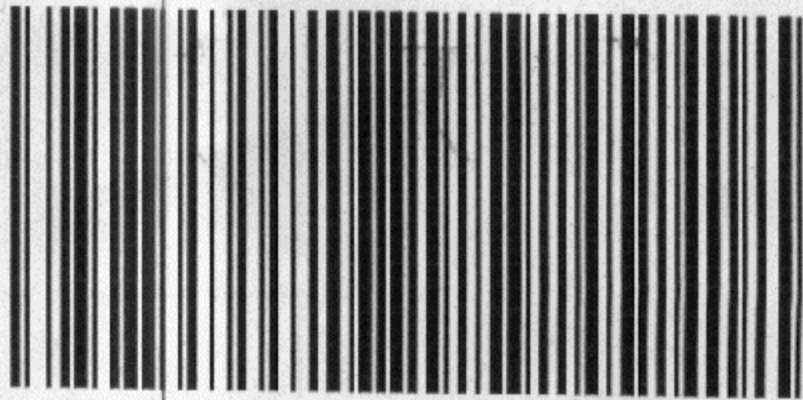


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD27648303

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name: LE CREUSET HOBART GROVE		Company Name: LE CREUSET KUSTENBURG				<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 <input type="checkbox"/> BLNS Customs Tariff
Street Address: SHOP G1 CNR HOBART & GROSVENOR ROAD		Street Address: SHOP 101 WATERFALL MAIL AUGRABIES AVENUE				
Suburb: BRYANSTON		Suburb: WATERFALL				
City / Town: JNB Postal Code: 2021		City / Town: KUSTENBURG Postal Code: 0299				
Contact: SEVARIAN		Contact: GERAID				
Phone: 011 568 4708		Phone: 014 537 2279				
Destination Country: <input checked="" 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		Analysis Code				
SPECIAL INSTRUCTIONS						
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)				
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)	Total Mass (Kg)
1						
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) LERATO				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) S. LANS		
Date Received: 200618		Time Received: 1405		Date Received: 190618		
Signature: <i>[Signature]</i>				Time Received: 1630		
				Signature: <i>[Signature]</i>		

POD COPY

S. LANS 19/6/2018
SENDER'S AUTHORISED SIGNATURE DATE

Version Control (06/2017)