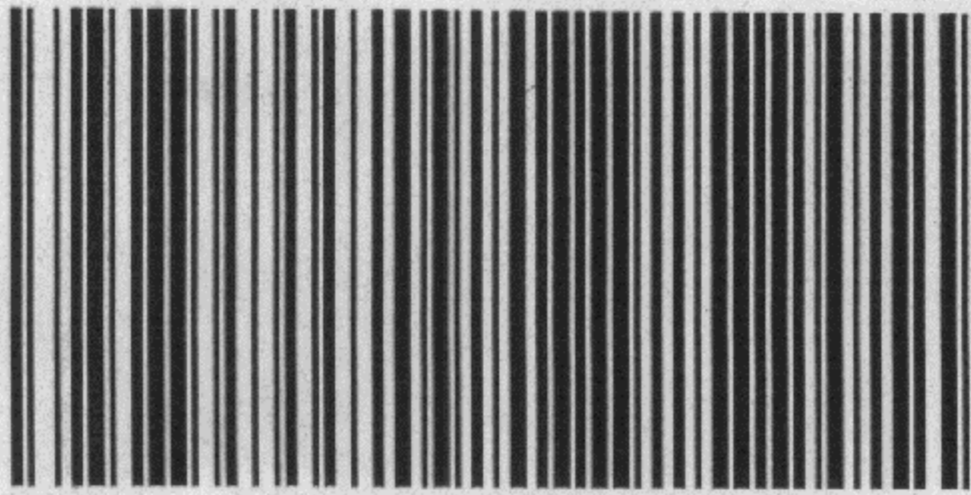


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD28178473

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SUBANT 10368					

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: <u>Anina's Recipes</u>		Company Name: <u>Le creuset</u>						<input type="checkbox"/> Same Day	
Street Address: <u>69 Na Tichon</u> <u>Onv. Hornbill + Leslie Drive</u>		Street Address: <u>Unit 5</u> <u>Heron Park</u> <u>Olive Grove Park</u>						<input type="checkbox"/> Express	
Suburb: <u>Douglasdale</u>		Suburb: <u>Somerset West</u>						<input type="checkbox"/> With Sunrise Option	
City/Town: <u>Phanekburg</u> Postal Code: <u>2120</u>		City/Town: <u>Cape Town</u> Postal Code: <u>8001</u>		<input type="checkbox"/> With Saturday Service		<input type="checkbox"/> Public Holiday Service			
Contact: <u>011 870768</u> <u>Anina</u>		Contact: <u>Mitchell</u>						<input type="checkbox"/> Economy	
Phone: <u>071 887 0768</u>		Phone: <u>021 851 7178</u>						<input type="checkbox"/> After Hours	
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)		BLNS Customs Tariff							
Sender's Reference		Analysis Code							
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. <input type="checkbox"/>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <input type="checkbox"/>	
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).									
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)	
<u>2</u>									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>ETUINO</u>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>EMANUEL</u>				
Date Received: <u>190218</u>		Time Received: <u>0922</u>			Date Received: <u>15/02/18</u>		Time Received: <u>1400</u>		
Signature: <u>[Signature]</u>					Signature: <u>[Signature]</u>				

POD COPY

Version Control (08/2017)