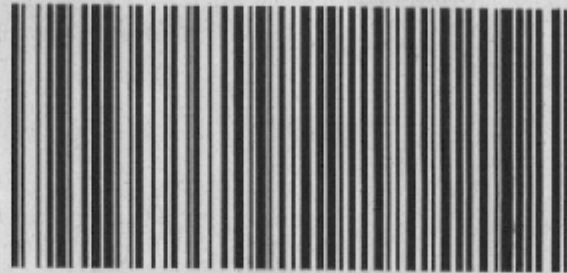


CONTRACT FOR CARRIAGE / DISPATCH NOTE


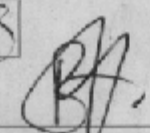



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DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673 2000  
Reg. No. 2000/016342/07  
VAT. No. 4880189605

SUBBD28186112


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Centurion</u>		Company Name <u>Le Cleuset</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop 312 E ; Centurion Mall</u> <u>Heunel Ave 3 Gordon Hood road</u>		Street Address <u>Unit 1; Heron Park</u> <u>Olive Grove Industrial Estate</u> <u>Old Paardevlei road</u>				<input type="checkbox"/> Express	
Suburb <u>Centurion</u>		Suburb <u>Somerset - West</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>Pretoria</u> Postal Code <u>0157</u>		City / Town <u>Cape Town</u> Postal Code <u>8001</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>Eureka</u>		Contact <u>Jenna</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>012 004 0217</u>		Phone <u>021 851 7178</u>				<input checked="" type="checkbox"/> Economy <input checked="" type="checkbox"/>	
Destination Country		Other (Please Specify)				<input type="checkbox"/> After Hours	
South Africa		Botswana				BLNS Customs Tariff	
Lesotho		Namibia					
Swaziland							
Sender's Reference <u>CEN-DAMAGES 3 REPL</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"/>	
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).							
SENDER'S AUTHORISED SIGNATURE 						DATE <u>16/07/2018</u>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>						Total Mass (Kg)	
e-mail Address / Fax Number							
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
HEIGHT(CM)							
<u>1</u>		<u>Flyer.</u>					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>BASIL</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>ZAKES</u>			
Date Received: <u>180718</u>		Time Received: <u>0958</u>		Date Received: <u>160718</u>		Time Received: <u>1558</u>	
Signature: 				Signature: 			

POD COPY

Version Control (03/2017)