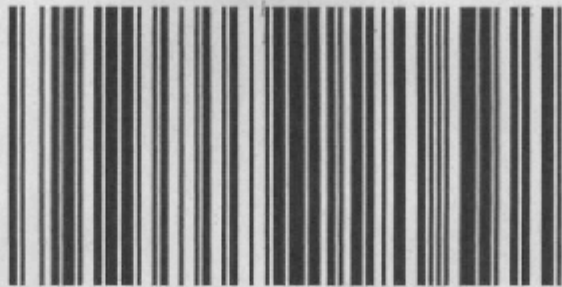


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD28275993

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name	LE CREUSET	Company Name	Le creuset
Street Address	BROOKLYN MALL SHOP 318 BROOKLYN MALL CNR VAELE & WATERKLOOF ROAD	Street Address	Unit 5, Heron Park Olive Grove Industrial Estate Old Paardevlei Rd
Suburb	BROOKLYN - PRETORIA	Suburb	Somerset West
City / Town	PTA	City / Town	CAPE TOWN
Postal Code		Postal Code	7200
Contact	FATIMA	Contact	VICKY
Phone	012 346 2840	Phone	021 851 7178
Destination Country	<input checked="" type="checkbox"/> South Africa	Destination Country	<input type="checkbox"/> Botswana
	<input type="checkbox"/> Lesotho		<input type="checkbox"/> Namibia
	<input type="checkbox"/> Swaziland		<input type="checkbox"/> Other (Please Specify)

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

Sender's Reference: Banking AIR Analysis Code: [] [] [] [] [] [] [] [] [] []

SPECIAL INSTRUCTIONS

Tariff Code: [] [] [] [] [] [] [] [] [] [] 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 1000.00 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] 16-07-2018
SENDER'S AUTHORISED SIGNATURE DATE

1. ONLINE

3. EFT

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
01	1 layer			

Total Mass (Kg)

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY): J BENA DE

Date Received: 17 07 18 Time Received: 09 33

Signature: *[Signature]*

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY): DWEN

Date Received: 16 07 18 Time Received: 16 30

Signature: *[Signature]*

