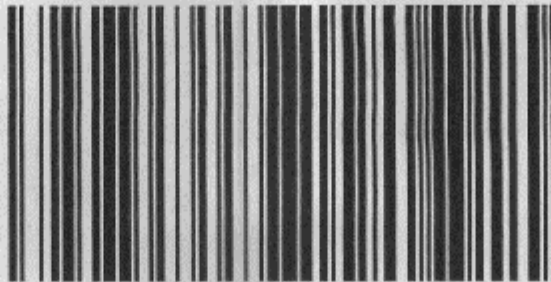


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD28275999

ADDITIONAL
TRAINING
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET		Company Name Le creuset				<input type="checkbox"/> Same Day	
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				<input checked="" type="checkbox"/> Express	
Suburb BROOKLYN - PRETORIA		Suburb Somers West				<input type="checkbox"/> With Sunrise Option	
City / Town PTA	Postal Code	City / Town Cape Town		Postal Code 7200		<input type="checkbox"/> With Saturday Service	
Contact FATIMA		Contact Vicky				<input type="checkbox"/> Public Holiday Service	
Phone 012 346 2840		Phone 021 851 7178				<input type="checkbox"/> Economy	
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)				<input type="checkbox"/> After Hours	
Sender's Reference UT 5 2305044		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS							
Tariff Code 027766		Bill To <input type="checkbox"/> Sender		<input checked="" type="checkbox"/> Consignee		<input type="checkbox"/> 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)							
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)	
1		Flyer					
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
J BENA O E				Stanford			
Date Received:		Time Received:		Date Received:		Time Received:	
070518		0856		040518		1549	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

POD COPY

04/05/18

Total Mass (Kg)

Version Control (01/2016)

