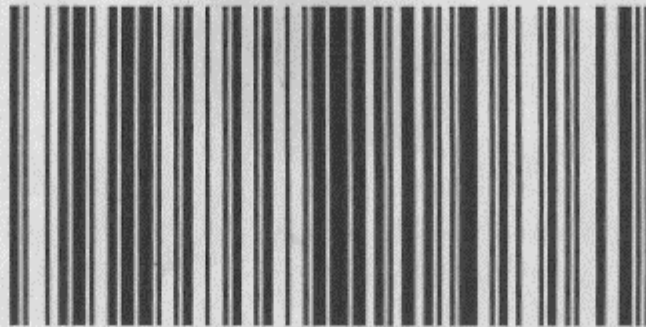


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD28289661

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>LE CREUSET</u>				Company Name <u>Le creuset</u>				<input type="checkbox"/> Same Day	
Street Address <u>BROOKLYN MALL</u> <u>SHOP 318 BROOKLYN MALL</u> <u>CNR VAELE & WATERKLOOF ROAD</u>				Street Address <u>Unit 5 Heron Park</u> <u>Olive Grove Industrial Estate</u> <u>Old Paardevlei Rd</u> <u>Somerset West</u>				<input checked="" type="checkbox"/> Express	
Suburb <u>BROOKLYN - PRETORIA</u>				Suburb <u>Somerset West</u>				<input type="checkbox"/> With Sunrise Option	
City/Town <u>PTA</u>		Postal Code		City/Town <u>Cape Town</u>		Postal Code		<input type="checkbox"/> With Saturday Service	
Contact <u>FATIMA</u>				Contact <u>Carma</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>012 345 2840</u>				Phone <u>021 851 7178</u>				<input type="checkbox"/> Economy	
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		Lesotho		<input type="checkbox"/> After Hours	
				Namibia		Swaziland		<input type="checkbox"/> BLNS Customs Tariff	
				Other (Please Specify)					
Sender's Reference <u>UTI2518349</u>				Analysis Code					
SPECIAL INSTRUCTIONS									
Tariff Code <u>027766</u>		Bill To <input type="checkbox"/> Sender		Consignee <input checked="" 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 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)		HEIGHT(CM)	
<u>1</u>		<u>flyer</u>							
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY) <u>C A R M E N</u>					Name Of Courier (PLEASE PRINT CLEARLY) <u>DWJ</u>				
Date Received: <u>210518</u>		Time Received: <u>0935</u>			Date Received: <u>180518</u>		Time Received: <u>1520</u>		
Signature: <u>Grove</u>					Signature: <u>[Signature]</u>				

POD COPY

18/05/18

Total Mass (Kg)

Version Control (01/2018)