

CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



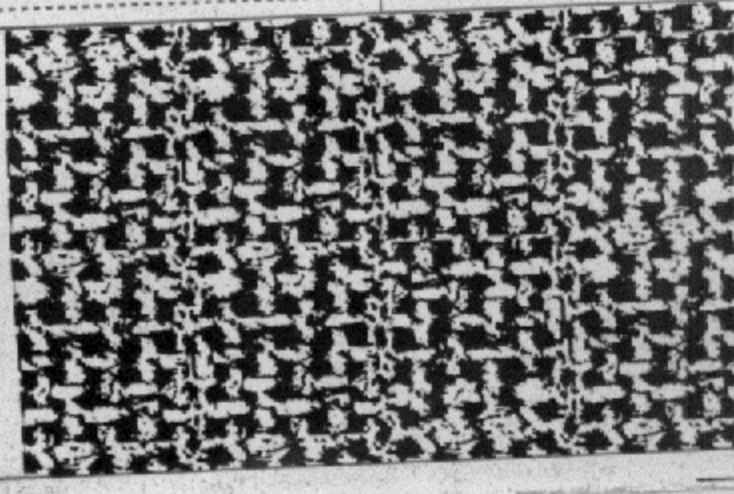
DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



SUBBD28484104

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <u>Le Creuset SA pty LTD</u>		Company Name: <u>Le Creuset SA pty LTD</u>				<input type="checkbox"/> Same Day	
Street Address: <u>Shop 12 January Masilela and Amagado Drive</u>		Street Address: <u>Unit 5 Heion Park Paardekraai Road Industrial Estate</u>				<input type="checkbox"/> Express	
Suburb: <u>Pretoria</u>		Suburb: <u>Somerset West</u>				<input type="checkbox"/> With Sunrise Option	
City/Town: <u>Pretoria</u> Postal Code: <u>0181</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>Toni</u>		Contact: <u>Mitchel</u>				<input type="checkbox"/> Economy	
Phone: <u>012 600 0082</u>		Phone: <u>021 851 7178</u>				<input type="checkbox"/> After Hours	
Destination Country: <u>South Africa</u>		Lesotho		Namibia		Swaziland	
Other (Please Specify)		Analysis Code				BLNS Customs Tariff	
Sender's Reference: <u>UTJ2395054</u>						1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS		Tarrif Code: <u>027766</u>		Bill To Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		3. EFT <input type="checkbox"/>	
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)		2018-05-10		10/05/18		Total Mass (Kg)	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE		DATE			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
HEIGHT (CM)							
<u>01</u>		<u>01</u>					
Goods received in full without damage (unless endorsed)		Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)					
<u>ELVIMO</u>		<u>DANIEL</u>					
Date Received:		Date Received:		Time Received:		Time Received:	
<u>10/05/18</u>		<u>10/05/18</u>		<u>10:20</u>		<u>15:40</u>	
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>					

POD COPY



Version Control (01/2018)