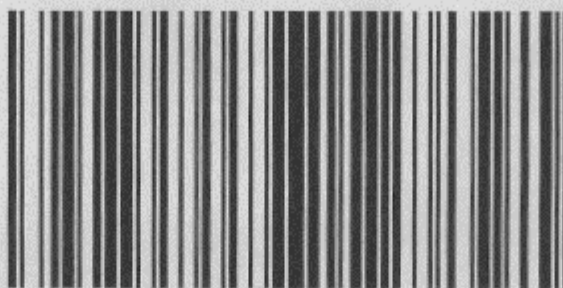


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD28484172


POD COPY

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>Shop 12 Menlyn</u>		Street Address <u>Unit 5 Heron Park</u>						<input type="checkbox"/> Express	
<u>Maine January Masilela</u>		<u>Old Peardedei Rd, Olive</u>						<input type="checkbox"/> With Sunrise Option	
<u>&amp; Amarand Dr</u>		<u>Grove, Industrial Estate</u>						<input type="checkbox"/> With Saturday Service	
Suburb <u>Waterkloof ext 2</u>		Suburb <u>Somerset West</u>						<input type="checkbox"/> Public Holiday Service	
City/Town <u>Pretoria</u> Postal Code <u>0108</u>		City/Town <u>Cape Town</u> Postal Code <u>8001</u>						<input checked="" type="checkbox"/> Economy	
Contact <u>012 004 0082</u>		Contact <u>Carmen</u>						<input type="checkbox"/> After Hours	
Phone <u>Toni</u>		Phone <u>021 851 7178</u>						BLNS Customs Tariff	
Destination Country		<input 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)		
Sender's Reference <u>UT13340385</u>		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]* **SENDER'S AUTHORISED SIGNATURE** 25-06-2018  
**DATE**

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

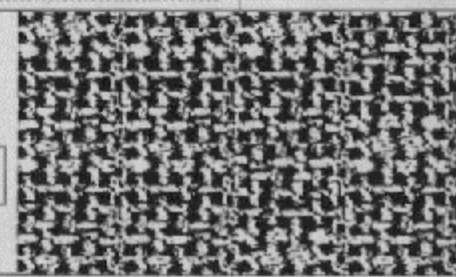
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)

1. ONLINE

3. EFT

**Total Mass (Kg)**

Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<u>CARMEN</u>				<u>NEILSON</u>			
Date Received:		Time Received:		Date Received:		Time Received:	
<u>270618</u>		<u>0837</u>		<u>250618</u>		<u>1152</u>	
Signature <i>[Signature]</i>				Signature <i>[Signature]</i>			



Version Control (01/2018)