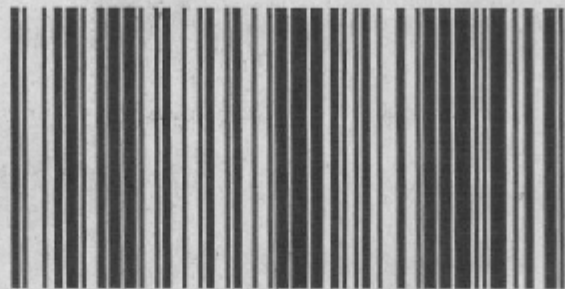


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD28695060

Sender's Details

Consignee's Details. Full Street Address Please

Company Name **LE CREUSET SANDTON**
Street Address **SHOP L339 SANDTON CITY**
CNR 5TH & RIVONIA
Suburb **SANDTON**
City / Town **JNB** Postal Code **2193**
Contact **KARABO**
Phone **011 784 0301**

Company Name **Le creuset**
Street Address **Unit 5 Olive grove industrial Old Paardevelde the interchange Somerset west**
Suburb **Somerset west**
City / Town **Cape Town** Postal Code **8001**
Contact **Franci**
Phone **021 851 7178**

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

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)
Sender's Reference	Cubes					Analysis Code

SPECIAL INSTRUCTIONS

Tariff Code	027766	Bill To Sender <input checked="" type="checkbox"/>	Consignee <input type="checkbox"/>	Other (Name Please) <input type="checkbox"/>
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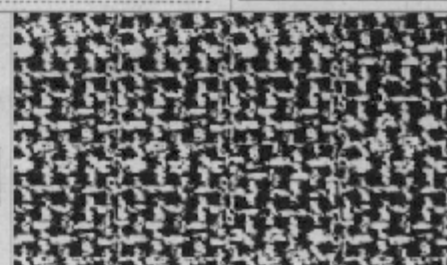
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 14.14 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 1000.00 PER SHIPMENT. (SEE CLAUSE 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 14.6 AND 14.7 OVERLEAF)

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				

Goods received in full without damage (unless endorsed)
Name Of Receiver (PLEASE PRINT CLEARLY)
BASIL
Date Received: **130718** Time Received: **0938**
Signature: _____

Received By DSV
Name Of Courier (PLEASE PRINT CLEARLY)
Franci
Date Received: **130718** Time Received: **1550**
Signature: _____



BLNS Customs Tariff
1. ONLINE <input type="checkbox"/>
3. EFT <input type="checkbox"/>

Total Mass (Kg)

POD COPY

Version Control (01/2018)