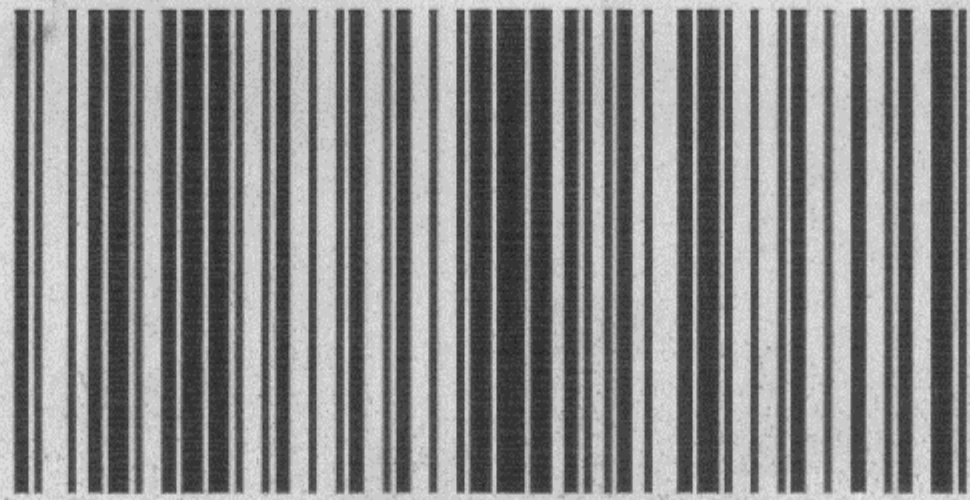


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD28695134

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>LE CIEUSET SANDTON</u>				Company Name <u>LE CIEUSET SA</u>				<input type="checkbox"/> Same Day	
Street Address <u>SHOP 1339 SANDTON CITY</u>				Street Address <u>UNITS, HERON PARK</u>				<input checked="" type="checkbox"/> Express	
<u>CNR 5TH & RIVONIA</u>				<u>OLD PADDLEFIELD BUSINESS PARK</u>				<input type="checkbox"/> With Sunrise Option	
Suburb <u>SANDTON</u>				Suburb <u>SOMESET WEST</u>				<input type="checkbox"/> With Saturday Service	
City / Town <u>JNB</u>		Postal Code <u>2193</u>		City / Town <u>CTN</u>		Postal Code		<input type="checkbox"/> Public Holiday Service	
Contact <u>KARABO</u>				Contact <u>LISA</u>				<input type="checkbox"/> Economy	
Phone <u>011 784 0301</u>				Phone <u>021 251 7178</u>				<input type="checkbox"/> 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)		BLNS Customs Tariff			
Sender's Reference				Analysis Code				1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS									
Tarrif Code <u>027766</u>		Bill To Sender <input checked="" type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		3. EFT <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)					Name Of Courier (PLEASE PRINT CLEARLY)				
<u>LISA</u>					<u>Lisa</u>				
Date Received:		Time Received:			Date Received:		Time Received:		
<u>250618</u>		<u>0846</u>			<u>220618</u>		<u>1430</u>		
Signature: <u>JolBeer</u>					Signature: <u>[Signature]</u>				

POD COPY

Version Control (01/2018)

