

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD28699586



Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <b>Le Creuset SA</b>		Company Name: <b>Le Creuset South-Africa</b>				<input type="checkbox"/> Same Day	
Street Address: <b>Shop 105 Garden Route Mall, N2 Highway &amp; Knysna Road George</b>		Street Address: <b>Shop 100, Killarney Mall 60 Riviera Road, Houghton</b>				<input type="checkbox"/> Express	
Suburb: <b>George</b>		Suburb: <b>Houghton</b>				<input type="checkbox"/> With Sunrise Option	
City / Town: <b>George</b> Postal Code: <b>6530</b>		City / Town: <b>Johannesburg</b> Postal Code: <b>2198</b>				<input type="checkbox"/> With Saturday Service	
Contact: <b>Elzanne</b>		Contact: <b>Fundi Ntuli</b>				<input type="checkbox"/> Public Holiday Service	
Phone: <b>044 004 000112</b>		Phone: <b>011 646 6316</b>				<input checked="" type="checkbox"/> Economy	
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)						<input type="checkbox"/> After Hours	
Sender's Reference: <b>UTI4117180</b>		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS						1. ONLINE <input type="checkbox"/>	
Tariff Code: <b>27766</b>		Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		If Consignee Or Other (Third Party) is Billed, Sender Remains Liable For Unpaid Charges.		3. EFT <input type="checkbox"/>	
<p>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).</p>						<p>06/08/18 16:05</p>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number				SENDER'S AUTHORISED SIGNATURE: <i>[Signature]</i> DATE: <b>06/08/18</b>	
Total Parcels: <b>1</b>		NO. OF PARCELS PER DIMENSIONS: <b>x1 Box</b>		LENGTH (CM)		WIDTH (CM)	
				HEIGHT (CM)		Total Mass (Kg)	
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY): <b>Boithumelo</b>				Name Of Courier (PLEASE PRINT CLEARLY): <b>CURTO</b>			
Date Received: <b>09/08/18</b>		Time Received: <b>10:54</b>		Date Received: <b>06/08/18</b>		Time Received: <b>14:08</b>	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

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Contract 001030118