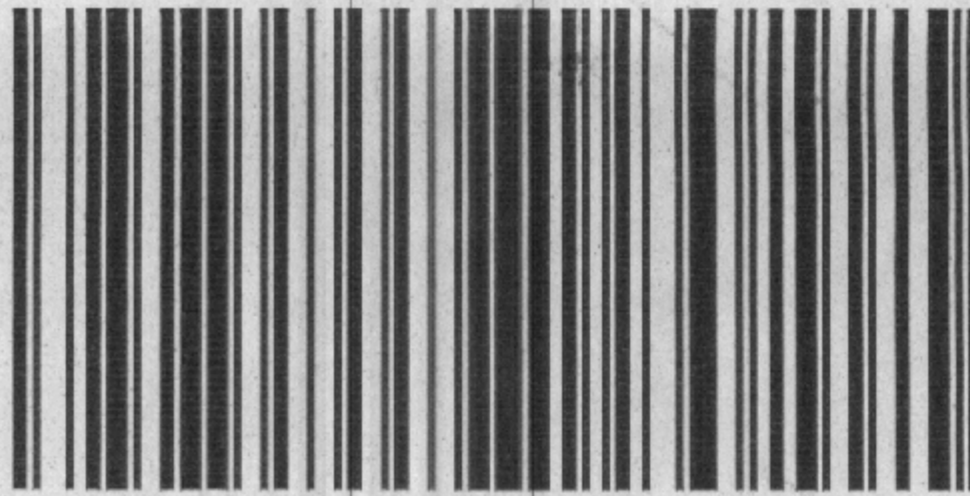


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD28699614


<b>Sender's Details</b>			<b>Consignee's Details. Full Street Address Please</b>						<b>Mark Service Required</b>					
Company Name <i>Le Cuisinet South Africa</i>			Company Name <i>Le Cuisinet South Africa</i>						<input type="checkbox"/> Same Day					
Street Address <i>Shop 105, Garden Route Mall, 12 Highway x Knysna Road</i>			Street Address <i>Unit 1, Haven Park, Olive Grove, Industrial Estate, Somerset West</i>						<input type="checkbox"/> Express					
Suburb <i>George</i>			Suburb <i>SOMERSET WEST</i>						<input type="checkbox"/> With Sunrise Option					
City / Town <i>George</i>		Postal Code <i>6516</i>	City / Town <i>Cape Town</i>		Postal Code <i>8001</i>				<input type="checkbox"/> With Saturday Service					
Contact <i>Mandy</i>			Contact <i>Jacqueline</i>						<input type="checkbox"/> Public Holiday Service					
Phone <i>044-0040112</i>			Phone <i>021-851 7178</i>						<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)	
Sender's Reference <i>UTTS4277842778SS</i>			Analysis Code						<input type="checkbox"/> After Hours					
<b>SPECIAL INSTRUCTIONS</b>														
Tariff Code <i>27766</i>			<input type="checkbox"/> Bill To Sender		<input type="checkbox"/> Consignee		<input type="checkbox"/> Other (Name Please)					<input type="checkbox"/> 1. ONLINE		
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				
<b>Total Parcels</b>														
NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)						Total Mass (Kg)		
<i>1</i>		<i>1 Flyer bag</i>												
<b>Goods received in full without damage (unless endorsed)</b>							<b>Received By DSV</b>							
Name Of Receiver (PLEASE PRINT CLEARLY) <i>Cerisa Venter</i>							Name Of Courier (PLEASE PRINT CLEARLY) <i>PUPPO</i>							
Date Received: <i>200818</i>			Time Received: <i>0952</i>				Date Received: <i>17/08/18</i>			Time Received: <i>1624</i>				
Signature: <i>CAVenter</i>							Signature: <i>[Signature]</i>							

POD COPY

Version Control (01/2018)