

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



SUBBD28699615

ADDITIONAL TRACKING NUMBERS

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name <u>Le Creuset SA</u>	Company Name <u>Le Creuset</u>	Street Address <u>Shop 105, Garden Route Mall, N2 Highway & Knysna Road</u>	Street Address <u>Shop 202A, Rosebank Mall, 50 Batch Avenue, Rosebank</u>
Suburb <u>George</u>	Suburb <u>Rosebank</u>	City/Town <u>George</u> Postal Code <u>6245</u>	City/Town <u>Johannesburg</u> Postal Code <u>2196</u>
Contact <u>Elzanne</u>	Contact <u>Ellen Scroto</u>	Phone <u>044 004 01220</u>	Phone <u>011 568 4745</u>

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

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	<u>UTZ</u>	Analysis Code				

SPECIAL INSTRUCTIONS

Tarif Code 27766 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)

Mandy SENDER'S AUTHORIZED SIGNATURE 14/08/2018 DATE

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

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>				

Total Mass (Kg)

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)
Ellen

Date Received: 17/08/18 Time Received: 1400

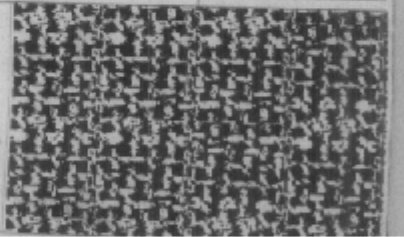
Signature: [Signature]

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)
[Signature]

Date Received: 17/08/18 Time Received: 1350

Signature: [Signature]



Kocher - Control (01-2018)