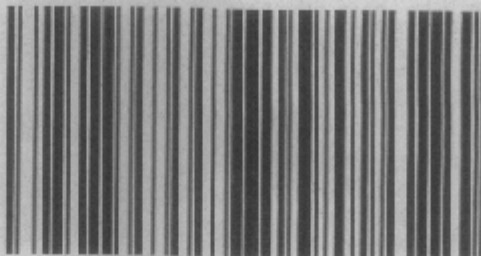


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0051
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



SUBBD28862665

SUBHT04270380
ADDITIONAL
TRACKING
NUMBERS

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET WATERFALL		Company Name LE CREUSET ROSEBANK				<input type="checkbox"/> Same Day	
Street Address SHOP 101		Street Address SHOP 202A				<input type="checkbox"/> Express	
1 AUGRABIEU AVENUE		ROSEBANK MALL, BATCHU AVENUE				<input type="checkbox"/> With Sunrise Option	
CASHAN EXT 12						<input type="checkbox"/> With Saturday Service	
Suburb WATERFALL MALL		Suburb ROSEBANK				<input type="checkbox"/> Public Holiday Service	
City/Town RUSTENBURG Postal Code 0299		City/Town JOHANNESBURG Postal Code 2195				<input checked="" type="checkbox"/> Economy	
Contact MANAGER LERATO		Contact MANAGER ELLEN				<input type="checkbox"/> After Hours	
Phone 014 537-2279		Phone 011 962 4745				<input type="checkbox"/> BLN'S Customs Tariff	
Destination Country		Destination Country				<input type="checkbox"/> 1. ONLINE	
<input 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"/> 3. EFT	
Sender's Reference CAS TIRON		Analysis Code					

SPECIAL INSTRUCTIONS

Tarif Code **027766** 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 14.6 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 14.6 AND 14.7 OVERLEAF)

[Signature] **16/08/18**
SENDER'S AUTHORISED SIGNATURE DATE

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)
2	2	46	46	52	49
		51	51	36	

Goods received in full without damage (unless endorsed)		Received By DSV	
Name Of Receiver (PLEASE PRINT CLEARLY) Ellen		Name Of Courier (PLEASE PRINT CLEARLY) LESERUO	
Date Received: 170818	Time Received: 1400	Date Received: 160818	Time Received: 1735
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	

Version Control (01/2018)