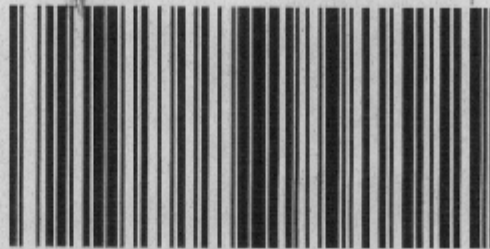


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD28943349


ADDITIONAL TRACKING NUMBERS

<b>Sender's Details</b>				<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>			
Company Name: <b>LE CREUSET BALLITO JUSTION</b>				Company Name: <b>LE CREUSET LA LUCIA</b>				<input type="checkbox"/> Same Day			
Street Address: <b>SHOP 244 LEONORA DRIVE BALLITO DOLPHIN COAST DURBAN</b>				Street Address: <b>90 WILLIAM CAMPBELL DRIVE, LA LUCIA MALL BURBA, NORTH, SHOP 3.</b>				<input type="checkbox"/> Express			
Suburb: <b>DURBAN</b>				Suburb: <b>DURBAN</b>				<input type="checkbox"/> With Sunrise Option			
City/Town: <b>DUR</b>		Postal Code: <b>4399</b>		City/Town: <b>DURBAN</b>		Postal Code: <b>4000</b>		<input type="checkbox"/> With Saturday Service			
Contact: <b>SONITHA</b>				Contact: <b>ATISHA</b>				<input type="checkbox"/> Public Holiday Service			
Phone: <b>032 0040138</b>				Phone: <b>031 572 5045</b>				<input type="checkbox"/> Economy			
Destination Country: <b>South Africa</b>		<b>Botswana</b>		<b>Lesotho</b>		<b>Namibia</b>		<input type="checkbox"/> After Hours			
<b>Swaziland</b>		<b>Other (Please Specify)</b>		BLNS Customs Tariff							
Sender's Reference: <b>4 7 1 4 0 8 3 9 7 9</b>				Analysis Code: <b> </b>							
SPECIAL INSTRUCTIONS: <b>FRAGILE</b>											
Tariff Code: <b>021766</b>		Bill To Sender: <input type="checkbox"/>		Consignee: <input type="checkbox"/>		Other (Name Please): <input type="checkbox"/>					
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 R1000.00 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)											
SENDER'S AUTHORIZED SIGNATURE:						DATE: <b>02/08/18</b>		Total Mass (Kg)			
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number											
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT (CM)</b>			
1		1 x BOX									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <b>ALVINA</b>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <b>MUSC</b>						
Date Received: <b>030818</b>		Time Received: <b>1339</b>		Date Received: <b>020818</b>		Time Received: <b>1554</b>					
Signature:					Signature:						

POD COPY

Version Control (01/20/18)