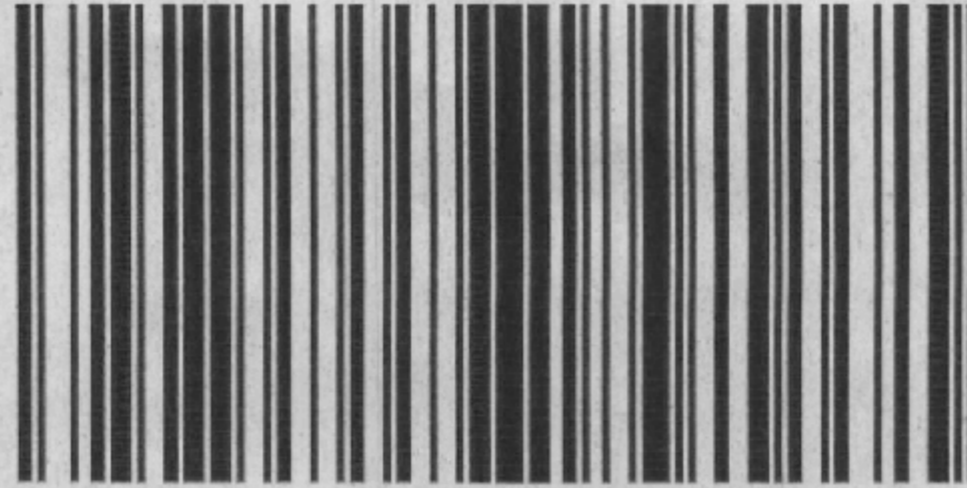


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD28943354

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name.....	LE CREUSET BALLITO JUNCTION	Company Name.....	LE CREUSET LA LUCIA
Street Address.....	SHOP 244, LEONORA DRIVE BALLITO DOLPHIN COAST	Street Address.....	90 WILLIAM CAMPBELL DRIVE SHOP 3
Suburb.....	DURBAN	Suburb.....	LA LUCIA MALL DURBAN NORTH
City / Town <input type="text" value="DUR"/>	Postal Code..... 4399	City / Town <input type="text" value="DURBAN"/>	Postal Code..... 4000
Contact.....	SONITHA	Contact.....	ELIZABETH
Phone.....	032 0040138	Phone.....	031 512 5045

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


Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference	U T I 3 6 7 6 2 3 3				Analysis Code	

SPECIAL INSTRUCTIONS FRAGILE

Tariff Code 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)

 **SENDER'S AUTHORISED SIGNATURE**
 11/07/18 **DATE**

1. ONLINE <input type="checkbox"/>
3. EFT <input type="checkbox"/>
Total Mass (Kg)

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

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<input type="text" value="1"/>	1 x Box			

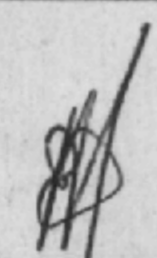
Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

E I 3 a b o t h

Date Received: 1 2 0 7 1 8

Time Received: 1 2 2 4

Signature: 

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)

M U S 9

Date Received: 1 1 0 7 1 8

Time Received: 1 7 2 5

Signature: 