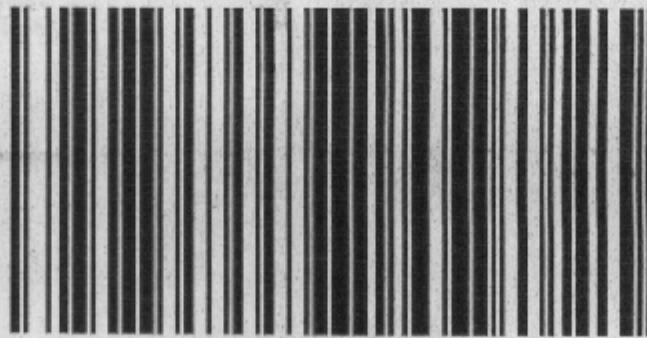


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD28967738

2 2 2 E E E 2 2 2

\*SORBET CUBES  
SUBHT 13571326  
\*INTERSTORE  
TRANSFER S V V V  
ONLINE. 327

830

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <u>Le Creuset Baywest</u>		Company Name <u>Le Creuset Warehouse</u>						<input type="checkbox"/> Same Day	
Street Address <u>Shop LG 43</u>		Street Address <u>Unit 5, Heron Park</u>						<input type="checkbox"/> Express	
<u>Baywest Shopping</u>		<u>Olive Grove, Industrial Est.</u>						<input type="checkbox"/> With Sunrise Option	
<u>Centre.</u>		<u>Old Boardwalk Road.</u>						<input type="checkbox"/> With Saturday Service	
Suburb <u>Walker Drive Ext.</u>		Suburb <u>Somersets West</u>						<input type="checkbox"/> Public Holiday Service	
City / Town <u>P.E</u> Postal Code <u>6001</u>		City / Town <u>Cape Town</u> Postal Code <u>7100</u>		<input type="checkbox"/> Economy X		<input type="checkbox"/> After Hours			
Contact <u>Rene Newfeldt</u>		Contact <u>FRANCIS Garmen</u>						<input type="checkbox"/> BLNS Customs Tariff	
Phone <u>041 004 6011</u>		Phone <u>021 851 4148</u>						<input type="checkbox"/> 1. ONLINE	
Destination Country <u>South Africa</u>		Lesotho		Namibia		Swaziland		<input type="checkbox"/> 3. EFT	
Sender's Reference <u>UT15678990</u>		Analysis Code						Total Mass (Kg)	
SPECIAL INSTRUCTIONS									
Tariff Code <u>027766</u>		Bill To <input type="checkbox"/> Sender		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 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			
Total Parcels <u>3</u>		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
		<u>1</u>		<u>47</u>		<u>46</u>		<u>51</u>	
		<u>1</u>		<u>65</u>		<u>43</u>		<u>37</u>	
		<u>1</u>		<u>52</u>		<u>28</u>		<u>48</u>	
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY) <u>BASIL</u>					Name Of Courier (PLEASE PRINT CLEARLY) <u>XOLANI</u>				
Date Received: <u>281118</u>		Time Received: <u>1000</u>			Date Received: <u>271118</u>		Time Received: <u>1645</u>		
Signature:					Signature:				

POD COPY

Version Control (01/2016)