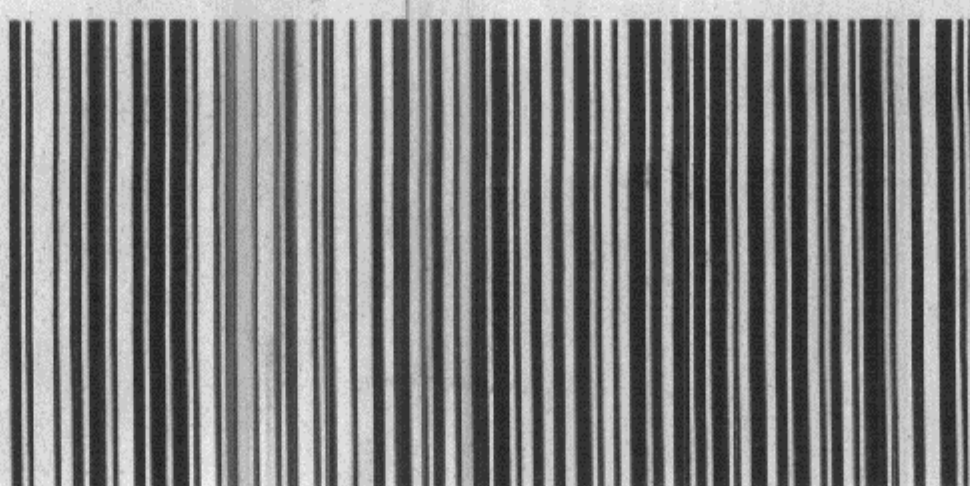


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD24860719

SUBHT11184101
SUBHT11184102
TRACKING
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name	LE CREUSET	Company Name	LE CREUSET	<input type="checkbox"/> Same Day	
Street Address	MALL OF AFRICA SHOP 2040	Street Address	UNIT 5 HERON PARK OLIVE GROVE INDUSTRIAL OLD PAARDVLEI ROAD	<input type="checkbox"/> Express	
Suburb	HIGHWAY - MIDRAND	Suburb	SOMERSET WEST	<input type="checkbox"/> With Sunrise Option	
City / Town	JNB	City / Town	CAPE TOWN	<input type="checkbox"/> With Saturday Service	
Contact	CASSANDA	Contact	LAUREN	<input type="checkbox"/> Public Holiday Service	
Phone	011 568 2097	Phone	021 851 7178	<input type="checkbox"/> Economy	
Destination Country	South Africa	Postal Code	2056	<input type="checkbox"/> After Hours	
Sender's Reference		Analysis Code		BLNS Customs Tariff	
<p>SPECIAL INSTRUCTIONS</p> <p>Bill Charges To Account No. 027766</p> <p>Bill To Sender <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/></p> <p>If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.</p> <p>IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 12.4 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 12.5 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 12.5, 12.6 AND 12.7 OVERLEAF).</p>					
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		1. ONLINE <input type="checkbox"/>	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		3. EFT <input type="checkbox"/>	
Length (CM)		Width (CM)		Total Mass (Kg)	
Height (CM)					
Goods received in full without damage (unless endorsed)		Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)			
Date Received:		Date Received:			
Time Received:		Time Received:			
Signature:		Signature:			

DSV

SUBHT 11 184101
SUBHT 11 184102

Version Control (06/2016)

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET		Company Name LE CREUSET				Same Day	
Street Address MALL OF AFRICA SHOP 2040		Street Address UNIT 5 HERON PARK OLIVE GROVE INDUSTRIAL OLD PAARDVLEI ROAD SOMERSET WEST				Express	
Suburb HIGHWAY -MIDRAND						With Sunrise Option	
City / Town JNB Postal Code 2066		City / Town CAPE TOWN Postal Code 7130				With Saturday Service	
Contact CASSANDA		Contact LAUREN				Public Holiday Service	
Phone 011 568 2097		Phone 021 851 7178				Economy	
Destination Country South Africa		Other (Please Specify)				After Hours	
Sender's Reference		Analysis Code				BLNS Customs Tariff	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To Sender X		Consignee Other (Name Please)		1. ONLINE	
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 12.4 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 12.5 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 12.5, 12.6 AND 12.7 OVERLEAF).							
e-mail / Fax / Proof of Delivery		e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE		DATE 22/02/18	
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT(CM)			
3							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)			
XAVIER				MARSHMANO			
Date Received: 260218				Date Received: 220218			
Time Received: 0930				Time Received: 1240			
Signature:				Signature:			
Total Mass (Kg)							