

CONTRACT FOR CARRIAGE / DISPATCH NOTE

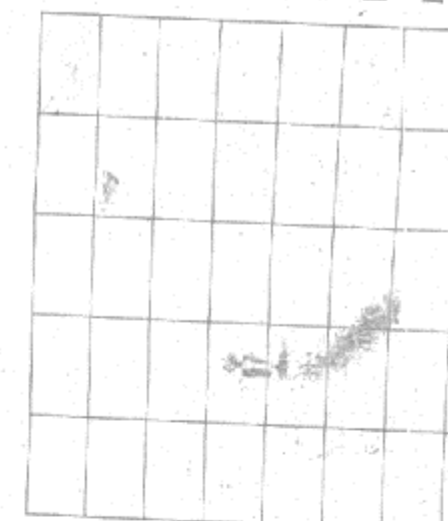


DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



SUBBD27419743

2 2 2 E E E 2



Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET WATERCREST				Company Name Le Creuset Walmer				<input type="checkbox"/> Same Day	
Street Address INANDA ROAD				Street Address 103 Walmer Park Shopping Centre				<input type="checkbox"/> Express	
WATERFALL				Between 14th & 16th Avenue				<input type="checkbox"/> With Sunrise Op	
DURBAN				Main Road				<input type="checkbox"/> With Saturday Se	
Suburb				Suburb Walmer				<input type="checkbox"/> Public Holiday Se	
City / Town DUR				City / Town P.E				<input checked="" type="checkbox"/> Economy	
Postal Code 3652				Postal Code 6010				<input type="checkbox"/> After Hours	
Contact Suresande				Contact Tiffany				<input type="checkbox"/> BLNS Customs Tariff	
Phone 031 763 1525				Phone 041 367 2318				<input type="checkbox"/> 1. ONLINE	
Destination Country		South Africa		Lesotho		Namibia		<input type="checkbox"/> 3. EFT	
		Botswana		Swaziland		Other (Please Specify)		Total Mass (K	
Sender's Reference plates*				Analysis Code					
SPECIAL INSTRUCTIONS									
Bill Charges To Account No.				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 R 250.00 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).				If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.					
e-mail / Fax / Proof of Delivery <input type="checkbox"/>				e-mail Address / Fax Number					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
1		Box							
Goods received in full without damage (unless endorsed)				Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)					
Shireen				SIYABONGA					
Date Received:				Date Received:					
09 05 18				07 05 18					
Time Received:				Time Received:					
10 25				1 600					
Signature:				Signature:					