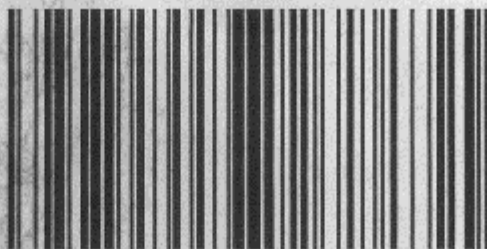


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD26760663

2 2 2 E E E 2 2 2

SUBH	1	0	1	7	3	7	5	7
SUBH	1	0	1	7	3	7	5	8
SUBH	1	0	1	7	3	7	5	5

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: SHOP UM30A		Street Address: SHOP UM30A						<input type="checkbox"/> Express	
CLEARWATER MALL		CLEARWATER MALL						<input type="checkbox"/> With Sunrise Option	
CHRISTIAN DE WET ROAD		CHRISTIAN DE WET ROAD						<input type="checkbox"/> With Saturday Service	
Suburb: JOHANNESBURG		Suburb: JOHANNESBURG						<input type="checkbox"/> Public Holiday Service	
City / Town: JNB		City / Town: JNB		Postal Code: 2001		Postal Code: 2001		<input checked="" type="checkbox"/> Economy	
Contact: LISA		Contact: SEVARIAN						<input type="checkbox"/> After Hours	
Phone: 011 475 1202		Phone: 011 475 1202						<input type="checkbox"/> BLNS Customs Tariff	
Destination Country: <input checked="" type="checkbox"/> South Africa		<input type="checkbox"/> Botswana		<input type="checkbox"/> Lesotho		<input type="checkbox"/> Namibia		<input type="checkbox"/> Swaziland	
Other: <input type="checkbox"/> (Please Specify)									
Sender's Reference: 027766		Analysis Code: 027766							
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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 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).									
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)	
XL		Boxes							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) SEVARIAN									
Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) SEVARIAN									
Date Received: 220518		Time Received: 1101		Date Received: 220518		Time Received: 1107			
Signature: [Signature]				Signature: [Signature]					

POD COPY

Version Control (08/2017)