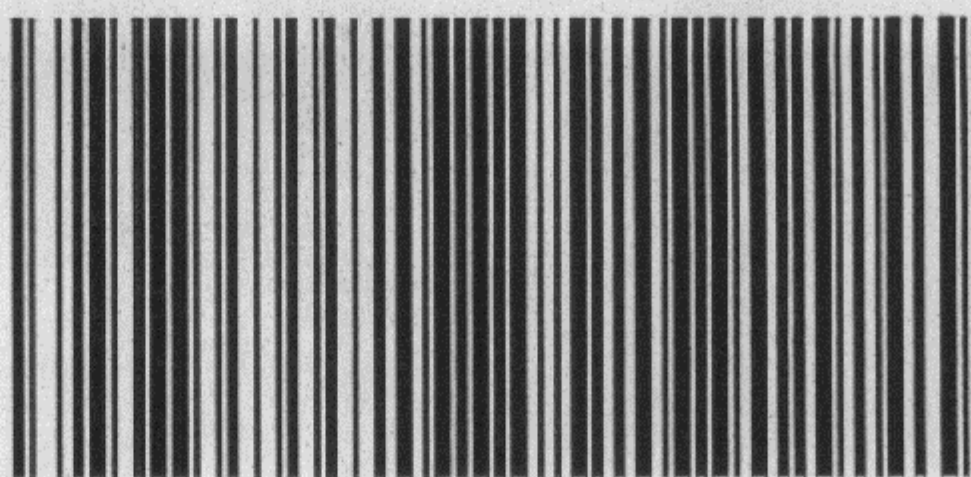


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27502716

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DAMAGES &
REPLACEMENTS

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le Creuset Walmer</u>		Company Name <u>Le Creuset Warehouse</u>				<input checked="" type="checkbox"/> Same Day	
Street Address <u>Shop 103</u>		Street Address <u>Unit 5, Heron Park</u>				<input type="checkbox"/> Express	
<u>Walmer Park Shopping</u>		<u>Olive Grove, Industrial Est</u>				<input type="checkbox"/> With Sunrise Option	
<u>Center</u>		<u>Old Paardwerlei Road</u>				<input type="checkbox"/> With Saturday Service	
Suburb <u>Walmer Main Road</u>		Suburb <u>Somerseet West</u>				<input type="checkbox"/> Public Holiday Service	
City / Town <u>P.E.</u> Postal Code <u>6020</u>		City / Town <u>Cape Town</u> Postal Code <u>7130</u>				<input checked="" type="checkbox"/> Economy	
Contact <u>Pene Nenfelt</u>		Contact <u>JENNA & FRANKI</u>				<input type="checkbox"/> After Hours	
Phone <u></u>		Phone <u>021 851 7178</u>				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference		Analysis Code					
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>27766</u>		Bill To <input type="checkbox"/> Sender		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)	
<u>1</u>							
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<u>BASIL</u>				<u>YICANI</u>			
Date Received:				Date Received:			
<u>170518</u>				<u>160518</u>			
Time Received:				Time Received:			
<u>0858</u>				<u>1300</u>			
Signature: <u>BK</u>				Signature: <u>YICANI</u>			

Total Mass (Kg)