

# CONTRACT FOR CARRIAGE / DISPATCH NOTE




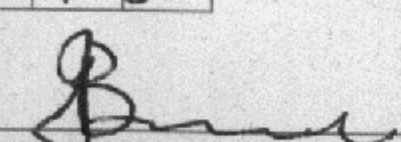
DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT. No. 4880189685



SUBBD27548406

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <b>LE CREUSET WATERCREST</b>		Company Name <b>LE CREUSET WAREHOUSE</b>		<input type="checkbox"/> Same Day	
Street Address <b>INANDA ROAD</b>		Street Address <b>UNIT 5, HERON PARK</b>		<input checked="" type="checkbox"/> Express	
<b>WATERFALL</b>		<b>OLIVE GROVE INDUSTRIAL</b>		<input type="checkbox"/> With Sunrise Option	
<b>DURBAN</b>		<b>SOMEREST WEST</b>		<input type="checkbox"/> With Saturday Service	
Suburb		Suburb		<input type="checkbox"/> Public Holiday Service	
City / Town <b>DUR</b> Postal Code <b>3652</b>		City / Town <b>CAPE TOWN</b> Postal Code <b>7129</b>		<input type="checkbox"/> Economy	
Contact <b>Sydney</b>		Contact <b>Jacqueline</b>		<input type="checkbox"/> After Hours	
Phone <b>031 763 1525</b>		Phone <b>021 851 7178</b>		<input type="checkbox"/> BLNS Customs Tariff	
Destination Country <b>South Africa</b>		Destination Country <b>Botswana</b>		<input type="checkbox"/> 1. ONLINE	
Sender's Reference <b>Banking - file</b>		Analysis Code		<input type="checkbox"/> 3. EFT	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <input type="checkbox"/> Bill To <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).					
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE  DATE <b>02-04-18</b>	
Total Parcels <b>1</b>		NO. OF PARCELS PER DIMENSIONS <b>flyer</b>		Total Mass (Kg)	
LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>J BENA DC</b> Date Received: <b>03 05 18</b> Time Received: <b>09 04</b> Signature: 					
Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>GIABONGA</b> Date Received: <b>02 05 18</b> Time Received: <b>15 00</b> Signature: 