

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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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



SUBBD28484112

POD COPY

Sender's Details Company Name: <u>Le Creuset</u> Street Address: <u>Shop 12 Menlyn</u> <u>Maine Janagari Moreleta Boulevard, Gnr Gatsfontein, Rd</u> <u>& Amarand Drive</u> Suburb: <u>Waterkloof ext 2</u> City/Town: <u>Pretoria</u> Postal Code: <u>0108</u> Contact: <u>Teri</u> Phone: <u>012 064 0082</u>		Consignee's Details. Full Street Address Please Company Name: <u>Le Creuset</u> Street Address: <u>Shop 276 Woodlands</u> <u>Boulevard, Gnr Gatsfontein, Rd</u> <u>& De Villebois Moreuil Dr</u> Suburb: <u>Moreleta Park, Woodlands</u> City/Town: <u>Pretoria</u> Postal Code: <u>0002</u> Contact: <u>Mariska</u> Phone: <u>012 997 3777</u>		Mark Service Required <input type="checkbox"/> Same Day <input checked="" type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> After Hours BLNS Customs Tariff
Destination Country: <u>South Africa</u> Botswana Lesotho Namibia Swaziland Other (Please Specify)		Sender's Reference: <u>1112696808</u> Analysis Code		
SPECIAL INSTRUCTIONS Tariff Code: <u>027766</u> Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) 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 1000.00 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 14.6 AND 14.7 OVERLEAF)				
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE: <u>[Signature]</u> DATE: <u>30-05-2018</u>		
Total Parcels NO. OF PARCELS PER DIMENSIONS: <u>1</u> LENGTH (CM): <u>320</u> WIDTH (CM): <u>320</u> HEIGHT (CM): <u>320</u>		Total Mass (Kg): <u>8</u>		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>Ju ti 14</u> Date Received: <u>310518</u> Time Received: <u>1253</u> Signature: <u>[Signature]</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u>[Signature]</u> Date Received: <u>300518</u> Time Received: <u>1610</u> Signature: <u>[Signature]</u>		