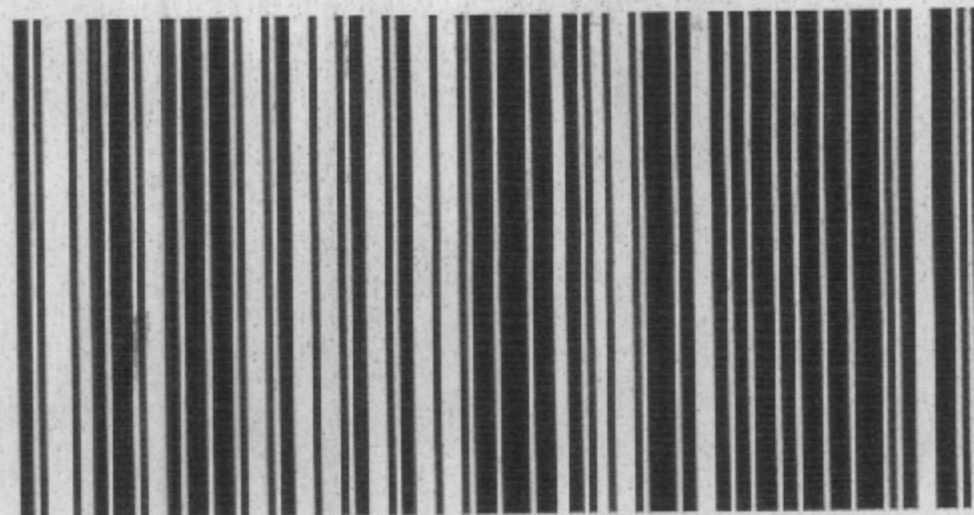


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



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



SUBBD28943223

ADDITIONAL TRACKING NUMBERS

POD COPY

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required
Company Name..... LE CREUSET BALLITO JUNCTION				Company Name..... LE CREUSET				<input type="checkbox"/> Same Day
Street Address..... SHOP 244, LEONORA DRIVE BALLITO DOLPHIN COAST DURBAN				Street Address..... Unit 1, Heron Park Olive Grove Ind. Estate Old Paardevlei, Somerset				<input type="checkbox"/> Express
Suburb..... DURBAN				Suburb..... Cape Town				<input type="checkbox"/> With Sunrise Option
City / Town DUR		Postal Code..... 4399		City / Town CAPE TOWN (CPT)		Postal Code..... 8000		<input type="checkbox"/> With Saturday Service
Contact..... SONITHA / SASHA				Contact..... HELENA DAVIDS				<input type="checkbox"/> Public Holiday Service
Phone..... 032 0040138				Phone..... 021 8517178				<input checked="" type="checkbox"/> Economy
Destination Country		South Africa		Botswana		Lesotho		After Hours
South Africa		Botswana		Lesotho		Namibia		<input type="checkbox"/> BLNS
Botswana		Lesotho		Namibia		Swaziland		Customs
Lesotho		Namibia		Swaziland		Other		Tariff
Other		Lesotho		Namibia		Swaziland		(Please Specify)
Sender's Reference UT I				Analysis Code				1. ONLINE <input type="checkbox"/>
SPECIAL INSTRUCTIONS FRAGILE								3. EFT <input type="checkbox"/>
Tarrif Code 027766				Bill To <input type="checkbox"/> Sender				Total Mass (Kg)
Consignee <input type="checkbox"/>				Other <input type="checkbox"/> (Name Please)				

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 14.5 14.6 AND 14.7 OVERLEAF)

[Signature] **11/09/18**
SENDER'S AUTHORISED SIGNATURE DATE

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1	1	31	18	15

Goods received in full without damage (unless endorsed)		Received By DSV	
Name Of Receiver (PLEASE PRINT CLEARLY) BASIL		Name Of Courier (PLEASE PRINT CLEARLY) MUS 9	
Date Received: 13 09 18	Time Received: 10 25	Date Received: 16 09 18	Time Received: 16 39
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	

1 BOX

Version Control (01/2018)