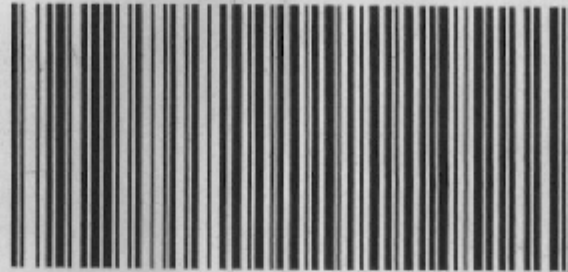


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD29981150

2 2 2 E E E 2 2 2

REPLACEMENTS									
ADDITIONAL									
TRACKING									
NUMBERS									

Sender's Details

Company Name: **LE CREUSET WALMERT PARK**

Street Address: **CO. REG.: 1997/021355/37**

VAT: 4160178069

TEL: 041 367 2318

Suburb: **EMAIL: walmertstore.za@lecreuset.com**

City / Town: **Port Elizabeth** Postal Code: **6001**

Contact: **Rene van der Walt**

Phone: **041 367 2318**

Consignee's Details. Full Street Address Please

Company Name: **Le Creuset Warehouse**

Street Address: **Unit 5 Hebron Park**

olive Grove Industrial Estate

401 Paardekraai Road

Suburb: **Somerset West**

City / Town: **Cape Town** Postal Code: **8001**

Contact: **ATT: Sana + Franca**

Phone: **021 851 7178**

Mark Service Required

☐ Same Day

☐ Express

☐ With Sunrise Option

☐ With Saturday Service

☐ Public Holiday Service

☒ Economy

☐ After Hours

☐ BLNS Customs Tariff

Destination Country: ☐ South Africa ☐ Botswana ☐ Lesotho ☐ Namibia ☐ Swaziland ☐ Other (Please Specify)

Sender's Reference: Analysis Code:

SPECIAL INSTRUCTIONS

Tariff Code: **027766** Bill To: ☐ Sender ☐ Consignee ☐ 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 14.5 14.6 AND 14.7 OVERLEAF)

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				

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY): **TES WELLS**

Date Received: **04 03 19** Time Received: **09 40**

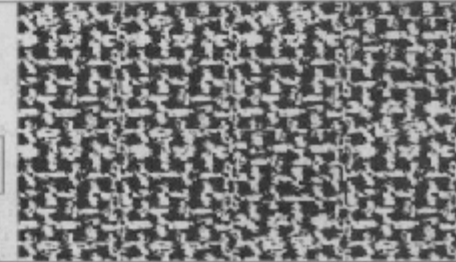
Signature: **[Signature]**

Received By DSV

Name Of Consignee (PLEASE PRINT CLEARLY): **Lama**

Date Received: **04 03 19** Time Received: **14 40**

Signature: **[Signature]**



Total Mass (Kg)

POD COPY