

COD

INTERNATIONAL SERVICES DEPARTMENT (FLOOR) QUERY SHEET

POD
COPY



Query Number: LEEC00229093

Date opened: _____ law _____

Location of query: CSD Pending bay X afx BLNS bay

DETAILS FOR QUERY (PLACE A CROSS IN THE CORRECT QUERY BOX)

Commercial Invoice required	<input type="checkbox"/>	Batteries / Liquid via air	<input type="checkbox"/>
Exceeds size limit for Express via air	<input type="checkbox"/>	Cargo requires proper packaging	<input type="checkbox"/>
Exporters code required	<input type="checkbox"/>	Door to airport shipment	<input type="checkbox"/>
Import docs required	<input type="checkbox"/>	Economy service marked	<input type="checkbox"/>
Repair Invoice	<input type="checkbox"/>	High Value	<input type="checkbox"/>
Itemised Invoice / Inventory required	<input type="checkbox"/>	address	<input type="checkbox"/>
Need the Contra marca document	<input type="checkbox"/>	Repair and Return	<input type="checkbox"/>
Tax Invoice required (Original)	<input type="checkbox"/>	Senders/receivers address not on Invoice	<input type="checkbox"/>
VAT Registration number required	<input type="checkbox"/>	Short shipment	<input type="checkbox"/>
Zero value on Invoice	<input type="checkbox"/>	Weight above 10kg	<input type="checkbox"/>
Zip code/destination country required	<input type="checkbox"/>		<input type="checkbox"/>

IF YOU ARE UNABLE TO USE THE BOXES FOR THE NATURE OF THE QUERY PLEASE INSERT REASON BELOW
RETURNED FROM WINDHOEK

		Action taken (Please take note of whom was spoken to and what was said)
29/12/2017		Pending bay received
29/02/2017		Request send to Cpt Team to assist, they advised that company was closed And that we Must hold the parcel till further notice
08/01/2018		As Per Shipper, I am unable to reach the customer. Please redirect the parcel back to our warehouse for my attention.
08/01/2018		Ops Advised to return the parcel back to sender, Return waybill no: SUBBD25970409.
08/01/2018		Query closed.

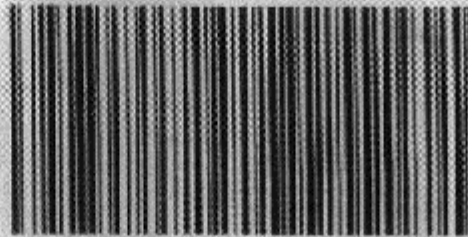
Query closed by: Rose

Date closed: 08/01/2018

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
 Via DSV Distribution
 PO Box 63, The Rocks 6001
 Tel: (012) 673-2000
 Reg. No. 20340/1574707
 VAT Reg. No. 4290273675



SUBBD25970409

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required	
Company Name: <u>DSV Distribution</u>		Company Name: <u>Le Creuset</u>					<input type="checkbox"/> Same Day	
Street Address: <u>1 Mann Road</u>		Street Address: <u>Unit 9 Olive Grove ind The Interchange</u>					<input type="checkbox"/> Express	
Suburb: <u>Louwlandia</u>		Suburb: <u>Somerset West</u>					<input type="checkbox"/> With Suretee Option	
City/Town: <u>Centurion</u> Postal Code: <u> </u>		City/Town: <u>CPT</u> Postal Code: <u> </u>					<input type="checkbox"/> With Saturday Service	
Cursus: <u>ROSE</u>		Contact: <u>Louisa Ellis</u>					<input type="checkbox"/> Public Holiday Service	
Phone: <u>012 673 2000</u>		Phone: <u>071 891 7178</u>					<input checked="" type="checkbox"/> Economy	
Destination Country: <u>South Africa</u>		Origin: <u> </u>					<input type="checkbox"/> After Hours	
Sender's Reference: <u>LEEC500229093RTS</u>		Access Code: <u> </u>					<input type="checkbox"/> SLHS Customs Tariff	
SPECIAL INSTRUCTIONS								
To Collect From: <u>027877</u>		To Sender: <input type="checkbox"/>		To Consignee: <input type="checkbox"/>		To Other (Name Please): <input type="checkbox"/>		
THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER. SEE CLAUSE 12.4 OVERLEAF. GOODS ARE SHIPPED AT DANGERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 2500 PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH DSV DISTRIBUTION TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. CODES 0000, 100, 200 AND 127 OVERLEAF.								
Sender's Signature:						DATE: <u>08/01/18</u>		
Insured / Free / Proof of Delivery: <input type="checkbox"/>		E-mail Address / Fax Number: <u> </u>						
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		
A		1		27		46		
						HEIGHT (CM)		
						46		
						12		
Goods received in full without damage (unless endorsed) Name of Receiver: <u>Mason</u>				Received By DSV Name of Courier (PLEASE PRINT CLEARLY): <u> </u>				
Date Received: <u>11 01 18</u>		Time Received: <u>08:50</u>		Date Received: <u> </u>		Time Received: <u> </u>		
Signature: <u>RDA</u>				Signature: <u> </u>				

RTS

08-01-2018

14 H.O.

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
 t/a DSV Distribution
 PO Box 63, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4280213873



SUBBD25970409

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required
Company Name: <u>DSV Distribution</u>		Company Name: <u>Le. Creuset</u>					<input type="checkbox"/> Same Day
Street Address: <u>1 Mann Road</u>		Street Address: <u>Unit 9 Olive Grove ind The interchange</u>					<input type="checkbox"/> Express
Suburb: <u>Lanwilderia</u>		Suburb: <u>Somerseet West</u>					<input type="checkbox"/> With Sunrise Option
City / Town: <u>Centurion</u> Postal Code: _____		City / Town: <u>CDT</u> Postal Code: _____					<input type="checkbox"/> With Saturday Service
Contact: <u>ROSE</u>		Contact: <u>Lauren Allers</u>					<input type="checkbox"/> Public Holiday Service
Phone: <u>012 673 2000</u>		Phone: <u>071 851 7178</u>					<input checked="" type="checkbox"/> Economy
Destination Country: <u>South Africa</u>		Other: _____ (Please Specify)					<input type="checkbox"/> After Hours
Sender's Reference: <u>LEFCS00229093RTS</u>		Analysis Code: _____					<input type="checkbox"/> BLNS Customs Tariff
SPECIAL INSTRUCTIONS							
Bill Charges To Account No: <u>027 877</u>		Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) _____					<input type="checkbox"/> 1. ONLINE
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 12.4 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 12.5 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 12.5, 12.6 AND 12.7 OVERLEAF).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>					e-mail Address / Fax Number _____		<input type="checkbox"/> 3. EFT
SENDER'S AUTHORIZED SIGNATURE <u>[Signature]</u> DATE: <u>08/01/18</u>							
Total Mass (Kg)							
12							
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)		
1		1	27	46	4.6		
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY): <u>Nash</u>				Name Of Courier (PLEASE PRINT CLEARLY): _____			
Date Received: <u>11 01 18</u>				Date Received: _____			
Time Received: <u>08H50</u>				Time Received: _____			
Signature: <u>[Signature]</u>				Signature: _____			

Version Control (03/2018)