

DHL EXPRESS CLAIM FORM

SPS58(01/100)

DATE: <i>(DHL USE)</i>	CLAIM REFERENCE: <i>(DHL USE)</i>
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1. NAME & ADDRESS OF CLAIMANT:		PLEASE QUOTE ↓ ↙
<i>BOOKSELLERS CARRIAGE LTD</i>		YOUR REF CLAIM/
<i>Suite 11, Merley House Business Centre</i>		DATE: 01-Dec-09 ↘
<i>Wimborne</i>		POST CODE: _____
<i>Dorset</i>	<i>BH21 3AA</i>	
TEL NUMBER: 0800 9800 702	CONTRACT NO: 9028706	
CONTACT: HUGO VAN-MANEN	ACCOUNT NO: 5161337	

2. BAR CODE NUMBER/S:	CONSIGNEE ADDRESS:
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
DATE OF DESPATCH: _____	POST CODE: _____
WEIGHT OF CONSIGNMENT: _____ KGS.	
COLLECTION ADDRESS IF DIFFERENT FROM ABOVE:	POST CODE: _____
_____	_____

3. TYPE OF CLAIM:			
LOSS:	DAMAGE:	OTHER:	(Enter "Y" as appropriate)
4. DETAILS OF CLAIM:			

MAKE/BRAND NAME: _____			
DESCRIPTION OF GOODS: _____			
VALUE OF GOODS:	VALUE OF CLAIM: (LESS PROFIT AND VAT)		
£ _____	£ _____		

The information provided above is accurate to the best of my knowledge			
Signed:	H Van-Manen,	Booksellers Carriage Ltd	Date: 01-Dec-09

Post: Booksellers Carriage Limited
Suite 11, Merley House Business Centre
Wimborne
Dorset
BH21 3AA

Email: enquiries@booksellerscarriage.com

Fax: 0845 0529 398

Together with: a copy of the despatch manifest
a copy of your customers invoice
Claims for damage: photographic evidence of the damage