

4 FORM

34-21-2024
DTDC Part
FOR
1st Class
SENDER

Vendor Code : 11000280

Item Code : 11000280

Item: LOI Create Book - B 5442



DTDC Express Limited
Office: No-3, Victoria Road
Bengaluru - 560047

ORIGIN

POUCH NO.

DEST

DATE

9/11/24

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Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.

The consignment note is not a tax invoice. A tax invoice will be made available by DTDC or it's channel partner as the case may be, upon request.

1 Sender's (Consignor) Name: _____ Ph: _____
 Company Name & Address: Mayuri Mazumdar
 City: _____ State: _____ PIN Code: _____
 Sender's GSTIN*: _____ *Where Applicable

2 Recipient's (Consignee) Name: SCM Sohan Lal
 Company Name & Address: _____
 City: New delhi State: _____ PIN Code: 110064
 Recipient's GSTIN*: _____ *Where Applicable

3 Nature of consignment Dox Non-Dox Total Num Pcs: _____
 DIM 1: L _____ cm X B _____ cm X H _____ cm X _____ Pcs Actual Wt.: _____ kg
 DIM 2: L _____ cm X B _____ cm X H _____ cm X _____ Pcs Volumetric Wt.: _____ kg
 DIM 3: L _____ cm X B _____ cm X H _____ cm X _____ Pcs Chargeable Wt.: _____ kg

4 Description of Content _____ Total Value of consignment for carriage / E-Way bill
 ₹ _____

5 Paper Work Enclosures _____

6 Type of consignment Commercial Non Commercial **7** Value Added Services Not Available CN Expiry Date _____

10 I/We declare that this consignment does not contain personal mail, cash, jewellery, contraband, illegal drugs, any prohibited items and commodities which can cause safety hazards while transporting

9	Charges	Amount
a)	Tariff (incl. Of FSC + Taxes)	
b)	Risk Surcharge	
c)	Total amount (a+b)	

Above charges are inclusive of GST & other taxes if applicable

8 Mode Surface Air Cargo Express

Consignment Number: _____

K48405857

Sender's Signature & Seal _____
 Date: _____ Time: _____ AM/PM
 I have read and understood terms & conditions printed overleaf of this consignment note and I agree to the same.

11 Booking Branch / Franchisee Code _____
 Courier Signature _____

12 Risk Surcharge _____
 Owner _____
 Carrier _____

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