

3 D SERIES
 24-2-2023
 DTDC
 D Series
 3rd Copy
 ACCOUNTS
 Vendor Code: 100001
 Item Code: 11000032/CS 21
 Non Dox 'D' series Cnote sheet with - 8.5 x 6 x 3



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

ORIGIN _____ **ST.** _____
POUCH NO. _____ **DATE** 02/05/23

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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 its channel partner as the case may be, upon request.

1 Sender's (Consignor) Name: _____ Ph: _____
 Company Name & Address: Miss Mayette Mazumdar
 City: Kol State: wjb PIN Code: 100101
 Sender's GSTIN*: _____ *Where Applicable

2 Recipient's (Consignee) Name: SEM Prapankha Ph: _____
 Company Name & Address: Dede Health Services Pvt Ltd
 City: Dalhe 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.: 1.5 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 SECURE PACK **7.1** _____
 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+GST) _____
 b) Value Added Service Charges 2400
 c) Risk Surcharge _____
 d) Total amount (a+b+c) _____

8 Mode Surface Air Cargo Express

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.

Above charges are inclusive of GST & other taxes if applicable
 Mode of Payment: Cash Card Wallet

Consignment Number: **D29127190**

13 Receiver's Name: _____
 Relationship: _____
 Company Stamp & Signature: COMPANY SEAL
 Ph No.: _____ Date: 05 / 05 / 23 Time _____ AM/PM

11 Booking Branch / Franchisee Code _____
 Courier Signature _____

12 Risk Surcharge
 Owner
 Carrier

<http://www.dtdc.in> || customersupport@dtdc.com || +91-7305770577 ACCOUNTS COPY March 2023

A - 21