



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

Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.

ORIGIN	MBL	DEST.	B, Bangalore
POUCH NO.		DATE	

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.

Sender's (Consignor) Name: DCDC Service Ph: health
 Company Name & Address: _____
 City: _____ State: _____ PIN Code: _____

Recipient's (Consignee) Name: DCDC Service Pvt Ltd Ph: health
 Company Name & Address: _____
 City: _____ State: _____ PIN Code: _____

3 Nature of consignment Dox Non-Dox Total Num Pcs: 18 X 18
 DIM 1: L cm X B cm X H cm X Actual Wt.: _____
 DIM 2: L cm X B cm X H cm X Volumetric Wt.: _____
 DIM 3: L cm X B cm X H cm X Pcs Chargeable Wt.: _____ kg

4 Description of Content: Basavan haagwal Total Value of consignment for cartage / E-Way bill: ₹
 Recipient's GSTIN*: _____
 City: _____ State: _____ PIN Code: _____

5 Paper Work Enclosures

6 Type of consignment Commercial Non Commercial Value Added Services: SECURE PACK 711 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

8 Mode Surface Air Cargo Express
 Consignment Number: D31727938

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: _____
 Mode of Payment: Cash Card Wallet

13 Receiver's Name: _____
 Relationship: _____
 Company Stamp & Signature: _____
 Ph No.: _____ Date: 19/12/24 AM/PM

12 Risk Surcharge
 Owner:
 Carrier:
 +91 9606 911 811 POD COPY Jan 2024

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DTDC Express Limited
 Regd. Office: No-3, Victoria Road
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ORIGIN MBL DEST. Almei
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Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.

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Sender's (Consignor) Name: DCDC health Service Ph: health
 Company Name & Address: PUT Ltd
 City: State: PIN Code:
 Sender's GSTIN*: Muddabihal *Where Applicable

Recipient's (Consignee) Name: DCDC health Service Ph: health
 Company Name & Address: PUT Ltd
 City: State: PIN Code:
 Recipient's GSTIN*: Almei *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.:
 DIM 2: L cm X B cm X H cm X Pcs Volumetric Wt.: 18 x 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 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) 720
 b) Value Added Service Charges /
 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.

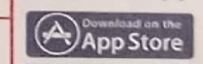
Above charges are inclusive of GST & other taxes if applicable
 Mode of Payment: Cash Card Wallet
 11 Booking Branch / Franchisee Code
 Courier Signature

Consignment Number: D31727936
 Mode of Payment:

13 Receiver's Name:
 Relationship:
 Company Stamp & Signature:
 Ph No.: Date: DD / MM / YY Time AM/PM

12 Risk Surcharge
 Owner
 Carrier

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

ORIGIN: NISZ

DEST: Bijapur

POUCH NO.

DATE

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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: DCDG Ph. health
 Company Name & Address: Service Pvt Ltd

2 Recipient's (Consignee) Name: DCDG Ph. health
 Company Name & Address: Service Pvt Ltd

City: _____ State: _____ PIN Code: _____
 Sender's GSTIN*: _____

City: _____ State: _____ PIN Code: _____
 Recipient's GSTIN*: Vijapur (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.: 72 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: (4) BOX

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)	<u>2880</u>
b) Value Added Service Charges	<u>1</u>
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: D31727937
 Mode of Payment: _____

13 Receiver's Name: _____
 Relationship: _____
 Company Stamp & Signature: [Stamp]
 Ph No.: _____ Date: 09/01/24 Time: _____ AM/PM

11 Booking Branch / Franchisee Code: _____
 12 Risk Surcharge: _____
 Owner: _____
 Carrier: _____



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

Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.

ORIGIN

NBL

DEST. DATE

Chandrabhan

POUCH NO.

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.

Sender's (Consignor) Name:

DDDC

Ph:

Health

Company Name & Address:

Service

Pvt Ltd

Recipient's (Consignee) Name:

DDDC

Ph:

Health

Company Name & Address:

Service

Pvt Ltd

City:

State:

PIN Code:

Sender's GSTIN*:

Muddahalli

City:

State:

PIN Code:

Recipient's GSTIN*:

Chandrabhan

3 Nature of consignment Box Non-Box

Total Num Pcs:

DIM 1: L cm X B cm X H cm X

Pcs

Actual Wt.: 18kg

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

5 Paper Work Enclosures

6 Type of consignment Commercial Non Commercial

7 Value Added Services

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 Changes

Amount (₹)

a) Tariff (incl. of FSC+GST)

₹20-

b) Value Added Service Charges

/

c) Risk Surcharge

/

d) Total amount (a+b+c)

/

Above charges are inclusive of GST & other taxes if applicable

Mode of Payment:

Cash Card Wallet

11 Booking Branch / Franchisee Code

Courier Signature

Consignment Number:

D31727940

Mode of Payment:

Owner

Carrier

Express

13 Receiver's Name:

Relationship:

Company Stamp & Signature:

Ph No.:

Date:

AM/PM

Date:

Time:

AM/PM

Time

AM/PM

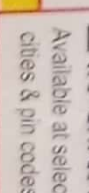
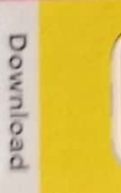
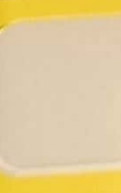
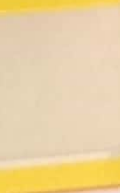
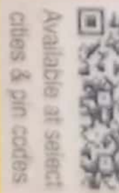
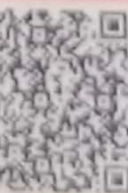
AM/PM

http://www.dtdc.in || customersupport@dtdc.com ||

+91 9606 911 911

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Jan 2024





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

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ORIGIN

MBR

DEST.

TLLK

POUCH NO.

DATE

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1 Sender's (Consignor) Name:

DCDC Service Ph: health put Hd

2 Recipient's (Consignee) Name:

DCDC Service Ph: health put Hd

Company Name & Address:

DCDC Service Ph: health put Hd

Company Name & Address:

DCDC Service Ph: health put Hd

City: State:

PIN Code:

City: State:

City: State:

PIN Code:

3 Sender's GSTIN*:

Where Applicable

Recipient's GSTIN*:

Where Applicable

3 Nature of consignment Dox Non-Dox

Total Num Pcs:

4 Description of Content

Total Value of consignment for carriage / E-Way bill

DIM 1: L cm X B cm X H cm X Pcs

Actual Wt.:

City: State:

City: State:

PIN Code:

DIM 2: L cm X B cm X H cm X Pcs

Volumetric Wt.:

City: State:

City: State:

PIN Code:

DIM 3: L cm X B cm X H cm X Pcs

Chargeable Wt.:

City: State:

City: State:

PIN Code:

5 Paper Work Enclosures

6 Type of consignment Commercial Non Commercial

7 Value Added Services

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

8 Mode Surface Air Cargo Express

Consignment Number:

Consignment Number:

Sender's Signature & Seal

a) Tariff (incl of FSC+GST) Amount (₹) 720
b) Value Added Service Charges 1
c) Risk Surcharge
d) Total amount (a+b+c)

11 Booking Branch / Franchisee Code

12 Risk Surcharge

Owner Carrier

Date: Time: AM/PM

Above charges are inclusive of GST & other taxes if applicable

Mode of Payment: Cash Card Wallet

Mode of Payment:

Mode of Payment:

13 Receiver's Name: Relationship: Company Stamp & Signature: Ph No.:

11 Courier Signature

12 Risk Surcharge

Owner Carrier

Owner Carrier

COMPANY SIGNATURE 19/01/24

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