



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

ORIGIN

DEST.

POUCH NO.

DATE

28.04.23

Download MyDTDC app

GET IT ON Google Play



Available at select cities & pin codes

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 **Miss Mayalu Mazumder**
 Sender's (Consignor) Name: _____ Ph: _____
 Company Name & Address: _____
 City: _____ State: _____ PIN Code: _____
 Sender's GSTIN*: _____ *Where Applicable

2 **Priyanka**
 Recipient's (Consignee) Name: _____ Ph: _____
 Company Name & Address: _____
 City: **New Delhi** State: _____ PIN Code: **11006**
 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 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 _____
 c) Risk Surcharge _____
 d) Total amount (a+b+c) **550.00**

8 Mode (✓) Surface Air Cargo Express
 Consignment Number: **D29123093**

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

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

12 Risk Surcharge
 Owner: _____
 Carrier: _____

Download MyDTDC app

Download on the App Store



Available at select cities & pin codes