

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

Non Negotiable Consignment Note Subject to Bengaluru Jurisdiction

1. Sender's (Consignor) Name: Shabrudhan Simol

2. Recipient's (Consignee) Name: Mohd Noman Sir

Company Name & Address: _____

City: New Delhi State: Chhatisgarh PIN Code: 110064

3. Nature of consignment (L/V) Dox Non-Box Total Num Pcs: _____

4. Description of Content: _____

5. Paper Work Enclosures _____

6. Type of consignment (L/V) Commercial Non Commercial Value Added Services Not Available CN Expiry Date _____

7. Mode (L/V) Surface Air Cargo Express

8. Charges Amount (₹)
a) Tariff (incl. OFSC + Taxes) _____
b) Risk Surcharge _____
c) Total amount (incl) _____

9. Consignment Number: U25408423

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

11. Booking Branch / Franchise Code _____

12. Risk Surcharge _____

Owner: _____ Carrier: _____

SENDER COPY March 2023

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Bengaluru - 560047

Non Negotiable Consignment Note Subject to Bengaluru Jurisdiction

1. Sender's (Consignor) Name: Shabrudhan Simol

2. Recipient's (Consignee) Name: Heena Bhat

Company Name & Address: DTDC Health Services

City: New Delhi State: Chhatisgarh PIN Code: 110064

3. Nature of consignment (L/V) Dox Non-Box Total Num Pcs: _____

4. Description of Content: _____

5. Paper Work Enclosures _____

6. Type of consignment (L/V) Commercial Non Commercial Value Added Services Not Available CN Expiry Date _____

7. Mode (L/V) Surface Air Cargo Express

8. Charges Amount (₹)
a) Tariff (incl. OFSC + Taxes) _____
b) Risk Surcharge _____
c) Total amount (incl) _____

9. Consignment Number: U25408422

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

11. Booking Branch / Franchise Code _____

12. Risk Surcharge _____

Owner: _____ Carrier: _____

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

Non Negotiable Consignment Note Subject to Bengaluru Jurisdiction

1. Sender's (Consignor) Name: Shabrudhan Simol

2. Recipient's (Consignee) Name: Mrs Priyanka

Company Name & Address: DTDC Health Services

City: New Delhi State: Chhatisgarh PIN Code: 110064

3. Nature of consignment (L/V) Dox Non-Box Total Num Pcs: _____

4. Description of Content: _____

5. Paper Work Enclosures _____

6. Type of consignment (L/V) Commercial Non Commercial Value Added Services Not Available CN Expiry Date _____

7. Mode (L/V) Surface Air Cargo Express

8. Charges Amount (₹)
a) Tariff (incl. OFSC + Taxes) _____
b) Risk Surcharge _____
c) Total amount (incl) _____

9. Consignment Number: U25408421

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

11. Booking Branch / Franchise Code _____

12. Risk Surcharge _____

Owner: _____ Carrier: _____

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Bengaluru - 560047

Non Negotiable Consignment Note Subject to Bengaluru Jurisdiction

1. Sender's (Consignor) Name: Shabrudhan Simol

2. Recipient's (Consignee) Name: Tanush Dutta

Company Name & Address: _____

City: New Delhi State: Chhatisgarh PIN Code: 110064

3. Nature of consignment (L/V) Dox Non-Box Total Num Pcs: _____

4. Description of Content: _____

5. Paper Work Enclosures _____

6. Type of consignment (L/V) Commercial Non Commercial Value Added Services Not Available CN Expiry Date _____

7. Mode (L/V) Surface Air Cargo Express

8. Charges Amount (₹)
a) Tariff (incl. OFSC + Taxes) _____
b) Risk Surcharge _____
c) Total amount (incl) _____

9. Consignment Number: U25408402

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

11. Booking Branch / Franchise Code _____

12. Risk Surcharge _____

Owner: _____ Carrier: _____

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