



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

ORIGIN _____ **DEST.** Delhi-065
POUCH NO. _____ **DATE** _____



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1 Replicable Consignment Note / Subject to Bengaluru Jurisdiction.
2 Sender's (Consignor) Name: Sh. Hemraj S Saini
 Company Name & Address: N HANPUD
 City: _____ State: _____ PIN Code: _____
 Sender's GSTIN*: _____

The consignment note is not a tax invoice. A tax invoice will be made available by DTDC or its shipping partner as the date may be different.
3 Recipient's (Consignee) Name: Prianka Arora
 Company Name & Address: Delhi-065
 City: _____ State: _____ PIN Code: _____
 Recipient's GSTIN*: _____

| 3 Nature of consignment (✓) | | Dox <input type="checkbox"/> | Non-Dox <input type="checkbox"/> | Total Num Pcs: | Actual Wt.: | kg |
|-----------------------------|--------|------------------------------|----------------------------------|----------------|-------------|----|
| D/M 1 L | cm X B | cm X H | cm X | Pcs | | |
| D/M 2 L | cm X B | cm X H | cm X | Pcs | | |
| D/M 3 L | cm X B | cm X H | cm X | Pcs | | |

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

5 Paper Work Enclosures: 170

6 Type of consignment (✓)
 Commercial Non Commercial **7** Value Added Services Not Available **8** 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 (incl) 170
 Above charges are inclusive of GST & other taxes applicable
 Mode of Payment: Cash Card Wallet
8 Model Surface Air Cargo Express
 Consignment Number: W13307740

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: _____
12 Risk Surcharge
 Owner: _____
 Carrier: _____



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