



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

ORIGIN	DEST.
POUCH NO.	DATE 25/9/24

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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 it's channel partner as the case may be, upon request.

1 Sender's (Consignor) Name: **Sushmita** Ph: **Harikumar**
 Company Name & Address: _____
 City: **Kumbha** State: _____ PIN Code: **581343**
 Sender's GSTIN*: _____ *Where Applicable

2 Recipient's (Consignee) Name: **Ubaad** Ph: _____
 Company Name & Address: _____
 City: **Bangalore** State: _____ PIN Code: **560006**
 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 Passport 7.2
 COD 7.3 Sunday Plus 7.4 Office College 7.5
 CN Expiry Date _____

9 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

10	Charges	Amount (₹)
a)	Tariff (incl. of FSC+GST)	
b)	Value Added Service Charges	
c)	Risk Surcharge	220
d)	Total amount (a+b+c)	

8 Mode (✓) Surface Air cargo Express

Consignment Number: **V83687815**

Sender's Signature & Seal _____
 Date: _____ Time: **A** 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 _____
12 Risk Surcharge _____
 Owner _____
 Carrier _____

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

Vendor Code: 100001

Item Code: 11000067V5 02

Item: DTDC V-series Cnote sheet with: - 8.5 x 6 x 3