



Vendor Code: 100001

Item Code: 11000280

Item: LOI, Cradle Book - 5.5x4.2


<b>DTDC</b>		<b>DTDC Express Limited</b> Regd. Office: No-3, Victoria Road Bengaluru - 560047		<b>ORIGIN</b> RTR	<b>DEST.</b> DELHI
				<b>POUCH NO.</b>	<b>DATE</b> 01/06/23
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.					
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Company Name & Address: _____			Company Name & Address: _____		
City: _____ State: _____ PIN Code: _____		City: _____ State: <u>DELHI</u> PIN Code: _____			
3 Nature of consignment (✓) <input type="checkbox"/> Dox <input type="checkbox"/> Non-Dox <input type="checkbox"/> 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.: _____ 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					
5 Paper Work Enclosures			6 Type of consignment (✓) <input type="checkbox"/> Commercial <input type="checkbox"/> Non Commercial <input type="checkbox"/> 7 Value Added Services <input type="checkbox"/> Not Available <input type="checkbox"/> 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 (✓) <input type="checkbox"/> Surface <input type="checkbox"/> Air Cargo <input type="checkbox"/> Express <input type="checkbox"/>		
9 Charges Amount(₹) _____			Consignment Number: <u>70/</u>  T19143952		
11 Booking Branch / Franchisee Code _____			12 Risk Surcharge _____		
Sender's Signature & Seal Date: <u>01/06/2023</u> AM/PM _____			Owner _____ Carrier _____		
I have read and understood terms & conditions printed overleaf of this consignment note and I agree to the same.			SENDER COPY March 2023		
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Company Name & Address: _____			Company Name & Address: <u>DEDE Health Care</u>		
City: _____ State: _____ PIN Code: _____		City: _____ State: <u>DELHI</u> PIN Code: _____			
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