



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

Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.

ORIGIN  
POUCH NO.

MBL

DEST. DATE

Trndi

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 Sender's (Consignor) Name: DCDC Ph: health  
 Company Name & Address: Health Service Pvt Ltd

2 Recipient's (Consignee) Name: DCDC  
 Company Name & Address: Health Service Pvt Ltd

City: \_\_\_\_\_ State: \_\_\_\_\_ PIN Code: \_\_\_\_\_  
 Sender's GSTIN\*: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ PIN Code: \_\_\_\_\_  
 Recipient's GSTIN\*: \_\_\_\_\_

3 Nature of consignment (✓) Dox  Non-Dox  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.: \_\_\_\_\_  
 DIM 2: L cm X B cm X H cm X Pcs Volumetric Wt.: 18.25 kg  
 DIM 3: L cm X B cm X H cm X Pcs Chargeable Wt.: \_\_\_\_\_ kg

5 Paper Work Enclosures

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)	<u>720</u>
b) Value Added Service Charges	
c) Risk Surcharge	<u>1</u>
d) Total amount (a+b+c)	

Sender's Signature & Seal

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

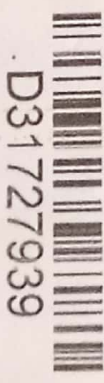
I have read and understood terms & conditions printed overleaf of this consignment note and I agree to the same.

11 Booking Branch / Franchise Code \_\_\_\_\_  
 Courier Signature \_\_\_\_\_

13 Receiver's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_  
 Company Stamp & Signature: \_\_\_\_\_  
 Ph No.: \_\_\_\_\_  
 Date: DD / MM / YY Time \_\_\_\_\_ AM/PM

Consignment Number: \_\_\_\_\_



D31727939

6 Type of consignment (✓) \_\_\_\_\_ Value Added Services \_\_\_\_\_  
 Commercial  SECURE PACK  [71]  
 Non Commercial

8 Mode (✓) Surface  Air Cargo  Express

Mode of Payment: \_\_\_\_\_

12 Risk Surcharge

Owner

Carrier

<http://www.dtdc.in> || [customersupport@dtdc.com](mailto:customersupport@dtdc.com) ||

+91 9606 911 811

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Jan 2024



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Bengaluru - 560047

Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.

ORIGIN	DEST.
POUCH NO.	DATE

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.

Sender's (Consignor) Name: DCDC Service Ph: healfln  
 Company Name & Address: Service Pvt Ltd

Recipient's (Consignee) Name: DCDC Service Ph: healfln  
 Company Name & Address: Service Pvt Ltd

City: \_\_\_\_\_ State: \_\_\_\_\_ PIN Code: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ PIN Code: \_\_\_\_\_

Sender's GSTIN\*: \_\_\_\_\_

Recipient's GSTIN\*: \_\_\_\_\_

3 Nature of consignment (✓)  Box  Non-Box  Total Num Pcs: \_\_\_\_\_

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

DIM 1: L cm X B cm X H cm X Actual Wt.: 1.8 Kgs

DIM 2: L cm X B cm X H cm X Volumetric Wt.: 1.8 Kgs

DIM 3: L cm X B cm X H cm X Chargeable Wt.: \_\_\_\_\_ Kgs

5 Paper Work Enclosures

6 Type of consignment (✓)  Commercial  Non Commercial  Value Added Services:  SECURE PACK  711  CN Expiry Date: \_\_\_\_\_

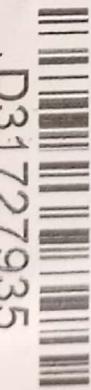
10 I/We declare that this consignment does not contain personal mail, cash, jewellery, contraband, illegal drugs, any prohibited items and commodities which can cause safety hazards while transporting

8 Mode (✓)  Surface  Air Cargo  Express

9 a) Tariff (incl. of FSC+GST) Amount (₹) 720-  
 b) Value Added Service Charges \_\_\_\_\_  
 c) Risk Surcharge 1  
 d) Total amount (a+b+c) \_\_\_\_\_

11 Above charges are inclusive of GST & other taxes if applicable

12 Consignment Number: D31727935



D31727935



Sender's Signature & Seal

Mode of Payment:  Cash  Card  Wallet

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

11 Booking Branch / Franchisee Code \_\_\_\_\_ Courier Signature \_\_\_\_\_

13 Receiver's Name: \_\_\_\_\_

12 Risk Surcharge

Relationship: \_\_\_\_\_  
 Company Stamp & Signature: \_\_\_\_\_  
 Ph No.: \_\_\_\_\_  
 Date: DD / MM / YY Time: \_\_\_\_\_ AM/PM

Owner  Carrier

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