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|  |  | <b>DTDC Express Limited</b><br>Regd. Office: No-3, Victoria Road<br>Bengaluru - 560047 |   | <b>POUCH NO.</b> | <b>DATE</b> 31/01/23   |
| Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.   |  |  |   |                  |  |
| <b>1</b> Sender's (Consignor) Name: <u>Prakash</u> Ph: _____<br>Company Name & Address: _____<br>City: _____ State: _____ PIN Code: _____<br>Sender's GSTIN*: _____  |  |  | <b>2</b> Recipient's (Consignee) Name: <u>Prakash</u> Ph: _____<br>Company Name & Address: _____<br>City: _____ State: _____ PIN Code: _____<br>Recipient's GSTIN*: _____   |                  |  |
| <b>3</b> Nature of consignment (✓) <input type="checkbox"/> Dox <input type="checkbox"/> Non-Dox <input type="checkbox"/> Total Num Pcs: _____<br>DIM 1: L cm X B cm X H cm X Pcs Actual Wt.: kg<br>DIM 2: L cm X B cm X H cm X Pcs Volumetric Wt.: kg<br>DIM 3: L cm X B cm X H cm X Pcs Chargeable Wt.: kg |  |  | <b>4</b> Description of Content _____ Total Value of consignment for carriage / E-Way bill ₹ _____  |                  |  |
| <b>5</b> Paper Work Enclosures _____   |  |  | <b>6</b> Type of consignment (✓) <input type="checkbox"/> Commercial <input type="checkbox"/> Non Commercial <input type="checkbox"/>   |                  | <b>7</b> Value Added Services <input type="checkbox"/> Not Available <input type="checkbox"/> CN Expiry Date _____   |
| <b>10</b> 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   |  |  | <b>9</b> Charges Amount(₹) _____<br>a) Tariff (incl. Of PSC + Taxes) _____<br>b) Risk Surcharge <u>250</u><br>c) Total amount (a+b) _____<br>Above charges are inclusive of GST & other taxes if applicable<br>Mode of Payment: Cash <input type="checkbox"/> Card <input type="checkbox"/> Wallet <input type="checkbox"/> |                  | <b>8</b> Mode (✓) <input checked="" type="checkbox"/> Surface <input type="checkbox"/> Air Cargo <input type="checkbox"/> Express <input type="checkbox"/><br>Consignment Number: <u>U26145163</u> |
| Sender's Signature & Seal _____<br>Date: _____ Time: _____ AM/PM<br>I have read and understood terms & conditions printed overleaf of this consignment note and I agree to the same.   |  |  | <b>11</b> Booking Branch / Franchisee Code _____  |                  | <b>12</b> Risk Surcharge _____<br>Owner _____<br>Carrier _____   |
| <a href="http://www.dtdc.in">http://www.dtdc.in</a>    <a href="mailto:customersupport@dtde.com">customersupport@dtde.com</a>    +91 9905770577  |  |  | SENDER COPY   |                  | March 2023   |

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|  |  | <b>DTDC Express Limited</b><br>Regd. Office: No-3, Victoria Road<br>Bengaluru - 560047 |   | <b>ORIGIN</b> | <b>DEST.</b>   |
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| <b>3</b> Nature of consignment (✓) <input type="checkbox"/> Dox <input type="checkbox"/> Non-Dox <input type="checkbox"/> Total Num Pcs: _____<br>DIM 1: L cm X B cm X H cm X Pcs Actual Wt.: kg<br>DIM 2: L cm X B cm X H cm X Pcs Volumetric Wt.: kg<br>DIM 3: L cm X B cm X H cm X Pcs Chargeable Wt.: kg |  |  | <b>4</b> Description of Content _____ Total Value of consignment for carriage / E-Way bill ₹ _____  |               |  |
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| Sender's Signature & Seal _____<br>Date: _____ Time: _____ AM/PM<br>I have read and understood terms & conditions printed overleaf of this consignment note and I agree to the same.   |  |  | <b>11</b> Booking Branch / Franchisee Code _____  |               | <b>12</b> Risk Surcharge _____<br>Owner _____<br>Carrier _____   |
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| Sender's Signature & Seal _____<br>Date: _____ Time: _____ AM/PM<br>I have read and understood terms & conditions printed overleaf of this consignment note and I agree to the same.   |  |  | <b>11</b> Booking Branch / Franchisee Code _____  |               | <b>12</b> Risk Surcharge _____<br>Owner _____<br>Carrier _____   |
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