

To: _____
Air No: _____
Sl.No: _____



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

ORIGIN _____ **DEST.** _____
POUCH NO. _____ **DATE** _____

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 its partner courier as the case may be upon request.

1 **Sender's (Consignor) Name:** _____ **Ph:** _____
Company Name & Address: _____
City: _____ **State:** _____ **Pin Code:** _____
Sender's GSTIN*: _____ *Where Applicable

2 **Recipient's (Consignee) Name:** _____ **Ph:** _____
Company Name & Address: _____
City: _____ **State:** _____ **Pin Code:** _____
Recipient's GSTIN*: _____ *Where Applicable

3 Nature of consignment <input checked="" type="checkbox"/> Dox <input type="checkbox"/> Non-Dox <input type="checkbox"/>	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** **Not Available** **ON 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 (a+b)	

Above charges are Inclusive of GST & other taxes if applicable

8 **Mode** **Surface** **Air Cargo** **Express**

Consignment Number: _____

B27382379

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** _____
Mode of Payment: Cash Card Wallet
Courier Signature _____

12 **Risk Surcharge** _____
Owner _____
Carrier _____

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