

MAY-2021

<b>S</b> Customer Code <b>H</b> Company <b>I</b> Sender <u>Devo's of</u> <b>P</b> Address <u>Blueal hospital</u> <b>P</b> City <u>Bogus 0805</u> Pin _____ <b>E</b> Tel. _____ Mob. _____ <b>R</b> E-mail : _____		<b>C</b> Consignee Code <b>O</b> Company <b>N</b> Attn. <u>Prakash Kana.</u> <b>S</b> Address _____ <b>E</b> City <u>Delsi</u> Pin <u>110064</u> <b>E</b> Tel. _____ Mob. _____ <b>E</b> E-mail : _____	
This shipment does not contain any cash or equivalent. If consigned items to make any such payments, BCE shall be entitled to recover the same from the Shipper. Freight charge on this shipment shall be borne by the Shipper exclusively. Shipper's Signature : _____		I hereby agree to this being a true and correct bill of lading on the receipt of the Shipper's copy. This copy shall be retained and verified by the Shipper. This copy shall not be the weight in true and correct.	
Date _____ Time _____ Ship Date <u>01/12</u> P/U _____ Date _____ Emp # _____ Sign <u>Rajeev Singh</u> Name _____ PUR # _____ Priority _____ GST No. _____		In case this consignment contains anything of value, the company receiving this consignment shall be liable for the same. The amount of the consignment shall be limited to Rs. 5,000/- or cost of reconstruction whichever is lower.	
Description <u>DOX.</u> 16034151770		Comm. Value of Consignment Code INSURANCE	
FOC Code Cash (1) BCU (4) Credit (2) BTP Cr. Card (3)		Cash Memo # _____ Amt. Consignee GST value taken as may be applicable on this shipment will be paid by the Consignee at the time of delivery. Shipper/BCE reserves the right to lien or any shipment till all its dues are paid in full in respect of freight, Customs, GST, taxes and other charges. Special Instructions : _____	
Del. Date _____ Time _____ Del. Emp # _____ Sign _____		No. of Pkgs. _____ P/U _____ W/I _____ DIM (Cms) _____ X _____ DIM (Wt(kg)) _____ X _____ Amount : <u>280/-</u> Insurance : _____ Others : _____ Total : <u>280/-</u>	
NON NEGOTIABLE-AT OWNER'S RISK BLUE DART EXPRESS LIMITED		DOMESTIC PRIORITY ORG SC DST SC No. of Pkgs. _____ P/U _____ W/I _____	

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