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1 Sender's (Consignor) Name: <u>MOM & DAIRY</u> Company Name & Address: <u>MOM & DAIRY</u>		2 Recipient's (Consignee) Name: <u>SECRET</u> Ph: _____ Company Name & Address: <u>DELHI</u> State: <u>DELHI</u> PIN Code: _____	3 City: _____ Sender's GSTIN*: _____	4 Description of Content Total Num Pcs: _____ Non-Dox <input type="checkbox"/> Dox <input checked="" type="checkbox"/> Actual Wt.: _____ kg Pcs _____ cm X H _____ cm X cm X B _____ cm X H _____ cm X DIM 1: L _____ cm X H _____ cm X DIM 2: L _____ cm X B _____ cm X DIM 3: L _____ cm X H _____ cm X 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		6 Type of consignment <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Non Commercial 7 Value Added Services <input type="checkbox"/> Not Available	8 Mode <input type="checkbox"/> Air Cargo <input checked="" type="checkbox"/> Express	9 Charges Amount (₹) 15
11 Consignment Number: T25588436  Booking Branch / Franchisee Code: <u>CO</u> Date: <u>March 2023</u> Time: <u>AM/PM</u> Mode of Payment: Cash <input type="checkbox"/> Card <input type="checkbox"/> Wallet <input checked="" type="checkbox"/>		12 Risk Surcharge Owner _____ Carrier _____	*Where Applicable Total Value of consignment for carriage / E Way bill CH Expiry Date *Where Applicable	
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