



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

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

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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 channel partner as the case may be, upon request.

Sender's (Consignor) Name: GWVF HSPH Ph: _____
 Sender's Name & Address: _____
 State: Jam PIN Code: _____

2 Recipient's (Consignee) Name: DC DC Health Ph: _____
 Company Name & Address: _____
 City: _____ State: _____ PIN Code: _____

Sender's GSTIN*: _____ *Where Applicable

Recipient's GSTIN*: _____ *Where Applicable

Signature of consignment (✓)		Dox <input type="checkbox"/>	Non-Dox <input type="checkbox"/>	Total Num Pcs:
L _____ cm X B _____ cm X H _____ cm X _____ Pcs	Actual Wt.:	kg		
L _____ cm X B _____ cm X H _____ cm X _____ Pcs	Volumetric Wt.:	kg		
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: ₹150/-

Number of Work Enclosures _____

6 Type of consignment (✓) _____ 7 Value Added Services _____
 Commercial Non Commercial Not Available _____
 CN Expiry Date _____

I hereby 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)	<u>150</u>
b) Risk Surcharge	
c) Total amount (a+b)	

8 Mode (✓) **Surface** **Air Cargo** **Express**
 Consignment Number: H46743345

Signature & Seal: 28/3
 Time: _____ AM/PM
 I have read and understood terms & conditions printed overleaf of consignment note and I agree to the same.

Above charges are inclusive of GST & other taxes if applicable
 Mode of Payment: Cash Card Wallet
 11 Booking Branch / Franchisee Code _____
 Courier Signature _____

12 Risk Surcharge _____
 Owner: _____
 Carrier: _____

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