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| DTDC Express Limited Regd. Office: No-3, Victoria Road Bangalore - 560047 | | dtcdc lite | | Pouch Num: | ORIGIN: | DEST: |
| Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction. Please refer to all the terms & conditions printed overleaf of this consignment note before tendering a consignment to DTDC. | | | | | | |
| Date: / / | Sender's Code: | Pick-up Ref. No: | 2 | | | |
| 1 Sender's (Consignor) Name: Rajkumar Shinde Company Name & Address: City: Nagpur State: Maharashtra PIN Code: Sender's GSTIN*: | | | 2 Recipient's (Consignee) Name: Mr. Rakesh Manohar Company Name & Address: Anjston Therasai City: Pune State: Maharashtra PIN Code: 411006 Recipient's GSTIN*: | | | |
| 3 Nature of consignment 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 Value of Goods The Total Value of consignment for carriage / E-Way bill: ₹ | | | |
| 5 Risk Coverage: Owner <input checked="" type="checkbox"/> Carrier <input type="checkbox"/> 6 Paper Work Enclosures | | | 7 Type of consignment (Please ✓) Commercial <input type="checkbox"/> NCommercial <input type="checkbox"/> 8 Value Added Services - Not Available CN Expiry Dt.: | | | |
| 9 Mode: Surface <input type="checkbox"/> Air cargo <input type="checkbox"/> Express <input type="checkbox"/> 10 Charges: Amount(₹) a) Tariff (incl. Of FSC + Taxes) b) Value Added Service Charges c) Risk Surcharge d) Total amount (a+b+c) Above charges are inclusive of GST & other taxes if applicable Mode of Payment: Cash <input type="checkbox"/> Card <input type="checkbox"/> Wallet <input type="checkbox"/> | | | 11 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. The declared value of goods is true and accurate. Sender's Signature: 9/12/20 Date: Time: AM/PM | | | |
| 12 Booking Branch / Franchisee Code | | | 13 Receiver's Name: COMPANY SEAL Relationship: Ph. No.: Company Stamp & Signature: DD MM YY TIME AM/PM | | | |
| 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. | | | | | | |

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| Date: / / | Sender's Code: | Pick-up Ref. No: | 2 | | | |
| 1 Sender's (Consignor) Name: Rajkumar Shinde Company Name & Address: City: Nagpur State: Maharashtra PIN Code: Sender's GSTIN*: | | | 2 Recipient's (Consignee) Name: Shri. Gopal Bhatnagar Company Name & Address: Sahelara City: Pune State: Maharashtra PIN Code: Recipient's GSTIN*: | | | |
| 3 Nature of consignment 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 Value of Goods The Total Value of consignment for carriage / E-Way bill: ₹ | | | |
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| 12 Booking Branch / Franchisee Code | | | 13 Receiver's Name: COMPANY SEAL Relationship: Ph. No.: Company Stamp & Signature: DD MM YY TIME AM/PM | | | |
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| Date: / / | Sender's Code: | Pick-up Ref. No: | 2 | | | |
| 1 Sender's (Consignor) Name: Rajkumar Shinde Company Name & Address: City: Nagpur State: Maharashtra PIN Code: Sender's GSTIN*: | | | 2 Recipient's (Consignee) Name: Seemas Company Name & Address: Rajpur-49200 City: Pune State: Maharashtra PIN Code: Recipient's GSTIN*: | | | |
| 3 Nature of consignment 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 Value of Goods The Total Value of consignment for carriage / E-Way bill: ₹ | | | |
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| 12 Booking Branch / Franchisee Code | | | 13 Receiver's Name: COMPANY SEAL Relationship: Ph. No.: Company Stamp & Signature: DD MM YY TIME AM/PM | | | |
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| Date: / / | | Sender's Code: | | Pick-up Ref. No: | | 2 | | | | | |
| 1 Sender's (Consignor) Name: Raj Kumar Ph: | | | | | 2 Recipient's (Consignee) Name: Veenu Keesha Ph: | | | | | | |
| Company Name & Address: | | | | | Company Name & Address: | | | | | | |
| City: | | | State: | | | PIN Code: | | | City: Bhitar State: Goa PIN Code: | | |
| Sender's GSTIN*: | | | | | Recipient's GSTIN*: | | | | | | |
| 3 Nature of consignment Dox <input type="checkbox"/> Non-Dox <input type="checkbox"/> Total Num Pcs: | | | 4 Description of Content | | | Value of Goods | | | | | |
| 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 | | | | | |
| 5 Risk Coverage: Owner <input type="checkbox"/> Carrier <input type="checkbox"/> | | | 6 Paper Work Enclosures | | | 7 Type of consignment (Please ✓) Commercial <input type="checkbox"/> NCommercial <input type="checkbox"/> | | 8 Value Added Services - Not Available | | CN Expiry Dt.: | |
| 9 Mode: Surface <input type="checkbox"/> Air cargo <input type="checkbox"/> Express <input type="checkbox"/> | | | 10 Charges Amount (₹) | | | Consignment Number: | | | | | |
| 11 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. The declared value of goods is true and accurate. | | | a) Tariff Incl. Of FSC + Taxes b) Value Added Service Charges c) Risk Surcharge d) Total amount (a+b+c) 1307 | | | M02095971 | | | | | |
| Sender's Signature | | | Mode of Payment: Cash <input type="checkbox"/> Card <input type="checkbox"/> Wallet <input type="checkbox"/> | | | 13 Receiver's Name: COMPANY SEAL | | | | | |
| Date: / / | | | Time: AM/PM | | | 12 Booking Branch / Franchisee Code Relationship: COMPANY SEAL Ph. No.: Company Stamp & Signature: DD MM YY TIME AM/PM | | | | | |

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| Date: / / | | Sender's Code: | | Pick-up Ref. No: | | 2 | | | | | |
| 1 Sender's (Consignor) Name: Raj Kumar Ph: | | | | | 2 Recipient's (Consignee) Name: Mr. Suram Prasad Ph: | | | | | | |
| Company Name & Address: | | | | | Company Name & Address: Inclone - Goa | | | | | | |
| City: | | | State: | | | PIN Code: | | | City: Nay State: Goa PIN Code: | | |
| Sender's GSTIN*: | | | | | Recipient's GSTIN*: | | | | | | |
| 3 Nature of consignment Dox <input type="checkbox"/> Non-Dox <input type="checkbox"/> Total Num Pcs: | | | 4 Description of Content | | | Value of Goods | | | | | |
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| 5 Risk Coverage: Owner <input type="checkbox"/> Carrier <input type="checkbox"/> | | | 6 Paper Work Enclosures | | | 7 Type of consignment (Please ✓) Commercial <input type="checkbox"/> NCommercial <input type="checkbox"/> | | 8 Value Added Services - Not Available | | CN Expiry Dt.: | |
| 9 Mode: Surface <input type="checkbox"/> Air cargo <input type="checkbox"/> Express <input type="checkbox"/> | | | 10 Charges Amount (₹) | | | Consignment Number: | | | | | |
| 11 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. The declared value of goods is true and accurate. | | | a) Tariff Incl. Of FSC + Taxes b) Value Added Service Charges c) Risk Surcharge d) Total amount (a+b+c) 1307 | | | M02095970 | | | | | |
| Sender's Signature | | | Mode of Payment: Cash <input type="checkbox"/> Card <input type="checkbox"/> Wallet <input type="checkbox"/> | | | 13 Receiver's Name: COMPANY SEAL | | | | | |
| Date: / / | | | Time: AM/PM | | | 12 Booking Branch / Franchisee Code Relationship: COMPANY SEAL Ph. No.: Company Stamp & Signature: DD MM YY TIME AM/PM | | | | | |

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| Date: / / | | Sender's Code: | | Pick-up Ref. No: | | 2 | | | | | |
| 1 Sender's (Consignor) Name: Raj Kumar Ph: | | | | | 2 Recipient's (Consignee) Name: Mr. Takshak Soli Ph: | | | | | | |
| Company Name & Address: | | | | | Company Name & Address: Bilanga - Goa | | | | | | |
| City: | | | State: | | | PIN Code: | | | City: Nay State: Goa PIN Code: | | |
| Sender's GSTIN*: | | | | | Recipient's GSTIN*: | | | | | | |
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| Sender's Signature | | | Mode of Payment: Cash <input type="checkbox"/> Card <input type="checkbox"/> Wallet <input type="checkbox"/> | | | 13 Receiver's Name: COMPANY SEAL | | | | | |
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