

DTDC DTDC Express Limited Regd Office: No-3, Victoria Road Bengaluru - 560047		dtcd lite Courier and Cargo Services for all India		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: _____ Ph: _____		Recipient's (Consignee) Name: _____ Ph: _____		2		
Company Name & Address: _____		Company Name & Address: _____		3		
City: _____ State: _____ PIN Code: _____		City: _____ State: _____ PIN Code: _____		4		
Sender's GSTIN*: _____		Recipient's GSTIN*: _____		5		
3 Nature of consignment Dox <input type="checkbox"/> Non-Dox <input type="checkbox"/>		Total Num Pcs: _____		4 Description of Content		
DIM 1: L cm X B cm X H cm X Pcs		Actual Wt.: _____ kg		Value of Goods		
DIM 2: L cm X B cm X H cm X Pcs		Volumetric Wt: _____ kg		The Total Value of consignment for carriage / E-Way bill ₹		
DIM 3: L cm X B cm X H cm X Pcs		Chargeable Wt: _____ kg		7 Type of consignment (Please ✓)		
5 Risk Coverage: Owner <input type="checkbox"/> Carrier <input type="checkbox"/>		6 Paper Work Enclosures		8 Value Added Services - Not Available		
9 Mode: Surface <input type="checkbox"/> Air cargo <input type="checkbox"/> Express <input type="checkbox"/>		10 Charges		13 Receiver's Name: _____		
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.		Amount(₹)		Consignment Number: _____		
Sender's Signature _____		a) Tariff (Incl. Of FSC + Taxes)		13 Relationship: _____		
Date: _____ Time: _____ AM/PM		b) Value Added Service Charges 400		Ph. No.: _____		
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.		c) Risk Surcharge		Company Stamp & Signature: _____ DD MM YY TIME AM/PM		
		d) Total amount (a+b+c)		12 Booking Branch / Franchisee Code		
		Above charges are inclusive of GST & other taxes if applicable		Courier Signature _____		
		Mode of Payment: Cash <input type="checkbox"/> Card <input type="checkbox"/> Wallet <input type="checkbox"/>		28-8-2011		
		12 Booking Branch / Franchisee Code		28-8-2011		
		Courier Signature _____		28-8-2011		

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