



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

ORIGIN

DEST.

POUCH NO.

DATE

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Non 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.

1 Sender's (Consignor) Name: Mamot Kumar Ph: _____
Company Name & Address: _____

2 Recipient's (Consignee) Name: Shree Ram Ph: _____
Company Name & Address: Electronics

City: _____ State: 20/18 PIN Code: _____
Sender's GSTIN*: _____ *Where Applicable

City: _____ State: _____ PIN Code: _____
Recipient's GSTIN*: _____ *Where Applicable

3 Nature of consignment (✓) Dox Non-Dox 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: Sochapur Total Value of consignment for carriage / E-Way bill _____

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 (✓) Commercial Non Commercial 7 Value Added Services Not Available GN Expiry Date _____
8 Mode (✓) Surface Air Cargo Express

9 Charges Amount(₹)
a) Tariff (Incl. Of FSC + Tax) _____
b) Risk Surcharge _____
c) Total amount (a+b) _____
Above charges are inclusive of GST & other taxes if applicable
Mode of Payment: Cash Card Wallet

Consignment Number: 219826328

11 Booking Branch / Franchisee Code _____
12 Risk Surcharge _____

Owner _____
Carrier _____

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

Courier Signature _____ SENDER COPY

<http://www.dtcd.in> || customersupport@dtcd.com || +91-7305770577

March 2023



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1 Sender's (Consignor) Name: Mamot Kumar Ph: _____
Company Name & Address: _____

2 Recipient's (Consignee) Name: Sundaram Ph: _____
Company Name & Address: _____

City: _____ State: 20/18 PIN Code: _____
Sender's GSTIN*: _____ *Where Applicable

City: _____ State: _____ PIN Code: _____
Recipient's GSTIN*: _____ *Where Applicable

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DIM 2: L cm X B cm X H cm X Pcs Volumetric Wt.: _____ kg
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