



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

ORIGIN

DEST.

POUCH NO.

DATE

6-12-24



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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: Amra Ph: 9800825407
 Company Name & Address: INDIA (P) LTD
NEW DELHI 110028
 City: _____ State: _____ PIN Code: _____
 Sender's GSTIN*: _____ *Where Applicable

2 Recipient's (Consignee) Name: Halit / Arishan Group
 Company Name & Address: INDIA (P) LTD
NEW DELHI 110028
 City: _____ State: _____ PIN Code: _____
 Recipient's GSTIN*: _____ *Where Applicable

3 Nature of consignment (✓) <input type="checkbox"/> 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 _____
 Total Value of consignment for carriage / E-Way bill
 ₹ _____

5 Paper Work Enclosures _____

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

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

9 Charges	Amount(₹)
a) Tariff (incl. Of FSC + Taxes)	_____
b) Risk Surcharge	_____
c) Total amount (a+b)	1101
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"/>	

8 Mode (✓) Surface Air Cargo Express
 Consignment Number:
U33086974

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

11 Booking Branch / Franchisee Code _____
 Courier Signature _____

12 Risk Surcharge _____
 Owner _____
 Carrier _____



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