

**Phone/E-mail Delivery Request Form**Date : 24.04.2010

|  |  |  |
|--|--|--|
| <b>Consignor :</b>                             | <b>M/s.</b>  |  |
|  | Contact Person :   |  |
|  | Designation :<br>Authorised Signatory  | <b>Director/Partner/Proprietor/Manager</b> |
|  | Phone /Mobile No   |  |
| <b>Consignee :</b>                             | <b>M/s.</b>  |  |
|  | <b>R.S PLASTICS</b>  |  |
|  | Contact Person :   | Mr.  |
|  | Designation:<br>Authorised Signatory   | Director/Partner/Proprietor/Manager        |
| <b>Ref.:</b>                                   | CN No.<br>(with Code & Pkg)  |  |
|  |  |  |
|  | Date   |  |
|  | Destination  |  |
| Documents<br>Received<br>Detail<br>(Tick Mark) | ✓ We are submitting the Original GR/Bond to you alongwith this request format for accounting purpose.<br>✓ Please deliver the goods on our Risk & Responsibilities against your freight & other charges. |  |

*Applicant Name:**Contact No.(Phone/Mobile) :***Inter Office Use Only****Ref. No.:**

|   |  |
|---|--|
| Inform to Branch Office<br>(Through...<TickMark>) | <input type="checkbox"/> Phone Call<br><input type="checkbox"/> E-mail |
| Remarks :   |  |
| <b>Delivery Detail</b>                            |  |
| Gate Pass No. : _____                             | Date : _____   |
| Freight Rs. _____                                 | Case File on Dated : _____   |