PARTY PHONE No	Value of Consignment	Total PKGS.			No.of Packages	CONSIGN	CONSIGNOR'S NAM	rcumstances be deline writen authority to or its order endorser	tination under the control of the tarator & shall be delivered to the der of the consignee bank whose vertioned in the long receipt it will	NOTICE consignment covered than receipt from		1
VE No.	onsignment Rs2	It is intended to use for the purpose of I	00	Plastic	Des	EE'S NAME & AL	A m	rcumstances be delivered to any one without he writen authority from the consignee bank or its order endorsed on the consignee copy.	ransport e name is under no	NOTICE consignment covered by this set of the latter than the	Email:-nptrans1981@gmail.com mobile no.09673731162,7020882360	At Post Navlakh L
CONSIGNOR	Value of Consignment Rs2 (ENDORSEMENT It is intended to use the CONSIGNEE COPY of the purpose of borrowing from the consigned bank.	T BOXES BEE ME	CC	Description (Said to contain)	CONSIGNEE'S NAME & ADDRESS (Full 0) 1 Judy;	& ADDRESS Berial Todia	Policy Date Amount Risk	He has not insured the consignment He has insured the consignment He has insured the consignment	AT OWNER'S RISK INSURANCE	nall.com PAN NO:-AVVPP2200K ,7020882360 GST NO::27AVVPP2200K1Z9	Ma
CONSIGNEE	ONDITION OVERLE	Bank 230.07 of Dawn	8 DEC MA	Actual Charged	贵		Bido pu	Container [77	Vehicle Type Size	de No.		e 410 507
TRANSPORTER	AF		St Ch. Co.Ch Logistic	Freight Sr.Ch. Hamali	Rate Freight	(Com 1/2)	Brut P	16/10/63	Date of Booking Ac	Consignment Note Th	NP 2023-24 0599	ALCOHOLD !
	HDEC BANK AIC - 50200020570783	20			no pay		FROM	מונו	bank's written permission Address of Delivery office	CAUTION This consignment will not be detained diverted Re-routed or	COPY	CONSIGI
	SPORT NONZOSTOTAS				Freight To Billed	CONSIGNEE C.S.T.No.TIN	ONSIGNOR'S C.S.T.No.TIN	01/36	5369692	CONSIGNOR'S INVOICE NO.		NEE

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CHECONS OF STREET M/siduly Oil Lubricands India Ltd. Reporting Time: - 8.50 BE-18-12-13 M.G.Nos. 23, 1) S/G.Sign. V ENT CRIME SECURITY INDIA Plot N No: ode: MH(27)
Ised / Supplementory 27AABCB! Original Invoice Number: Original Invoice Date: Name & Add