Metropolis Logistics Pvt Ltd

LETION IS LIGISTICS K2-832, KHASRA NO.834, MATA CHOWK MAHIPALPUR NEW DELHI-110037 Email: GSTIN No.: 07AAHCM7482L1ZU

Mode Mode

COURIER

LUCKNOW

Transport

SHIPPING DATE: 13-06-2023

ORIGIN BHUBANESWAR DESTINATION

BILL TO: EXPEDITORS INTERNATIONAL INDIA (C01869)

BLOCK A & D 5TH FLOOR 61 CHIMES BUILDING, PLOT NO 59 TO 62 SEC-44 GURGAON-122003 HR GURUGRAM-122003

SENDER: EXPEDITORS INTERNATIONAL INDIA

BILASPUR HARYANA-122413 STATE NAME: HARYANA CODE: 06 SHIP TO: SELF

AMD

Payment

CREDIT

AHMEDABAD-382415

STATE NAME: GUJARAT CODE: 24

| | | | | | | | GSTIN No.: | | | |
|---|-----------------------------------|-------------------|--|----------------------|--------------------------------|---|---|---------------------------|------------------|--|
| METHOD OF PACKING | DESCRIPTION (SAID TO C | CONTAI | TAIN) VOLUME (CMS \ Inches) | | | NO. OF PIECES | | CHARGES | FREIGHT | |
| | | | | | | | 3 | FREIGHT TO PAY CHARGES | | |
| | ELECTRICS ITE | EMS | | | | ACTUAL WEIGHT | | RISK CHARGE | | |
| INVOICE NO. & DATE | E-WAYBILL NO | | AT OWNER'S RISK / CARRIER'S RISK If insured, Details of Insurance Policy | | | | | D/C DOD/COD CHARGES | | |
| EI62135305 | | | 1 | | NO DATE NCE COMPANY | | 25.000 | HANDLING CHARGES | | |
| 01/04/2023 | | | | | | | ARGED WEIGHT | osc | | |
| | | | | | ALUE | | | FUEL SURCHARGE | | |
| VALUE DECLARED (Rs.) | | | | ADD. SE | RVICES | | 25.000 | FUEL TOTAL GRAND TOTAL | | |
| | | | | | TOPAY AMOUNT MR NO. DATE | GSTIN to be paid by | | | | |
| 5,054.00 | Expected Delivery Date 04/04/2023 | DAC COD DOD | ? | | | | Consignor | Consignee | Transporter | |
| | 0-1/0-1/2020 | | ,,, | | | I/we hereby to the terms and condition setout on the reverse of this Consignor's copy and declare that contents of this way bill are true and correct. the to-pay | | | | |
| RECEIVED ABOVE SHIPMENT IN ORDER AND IN GOOD CONDITIONS | | | | SPECIAL INSTRUCTIONS | | | Freight has my / our consent and will be paid by the consignee along with service charge as applicable at the time of delivery. | | | |
| | 1 | | | | | | | | | |
| SIGN. STAMP | | | | | | <u> </u> | _ | | | |
| NAME | | | ☐ LIMITED TO RS 1000/-ONLY | | | NAME | | | | |
| PHONE | | | ☐ WE CARRY UNDER CARRIER'S ACT | | | DATE | E & TIME | | BOOKING INCHARGE | |



ORIGIN

Metropolis Logistics Pvt Ltd

K2-832,KHASRA NO.834, MATA CHOWK MAHIPALPUR NEW DELHI-110037 Email:

BILASPUR HARYANA

GSTIN No.: 07AAHCM7482L1ZU

Payment Transport Mode Mode

> **CREDIT COURIER**



AHMEDABAD

| BILL TO: EXPEDITORS INTERNATIONAL INDIA |
|---|
| (C01869) |

BLOCK A & D 5TH FLOOR 61 CHIMES BUILDING, PLOT NO 59 TO 62 SEC-44 GURGAON-122003 HR GURUGRAM-122003

SENDER: EXPEDITORS INTERNATIONAL INDIA

DESTINATION

BILASPUR HARYANA-122413 STATE NAME: HARYANA CODE: 06 SHIP TO: SELF

AHMEDABAD-382415

STATE NAME: GUJARAT CODE: 24

GSTIN No.:

Developed By: Catalyst Soft Tech Phone: 85888154

Developed By: Catalyst Soft Tech Phone: 85888154

CONSIGNOR COPY

| | METHOD OF PACKING | DESCRIPTION (SAID TO CO | IATAC | IN) | VOLUM | E (CMS \ Inches) | NC |). OF PIECES | CHARGES | FREIGHT | |
|--|--|---|--------------------------|--------------------------------|--|---|--|---|----------------------------------|------------------|----------------|
| | | | | | | | 3 | | FREIGHT TO PAY CHARGES | | |
| | BOX | ELECTRICS ITEMS | | | | | | TUAL WEIGHT | RISK CHARGE | | |
| | INVOICE NO. & DATE | E-WAYBILL NO | | | AT OWNER'S RISK / CARRIER'S RISK | | | TOXE WEIGHT | D/C | | DISNC |
| | EI62135305 | | | | If insured, Details of Insurance Policy | | 25.000 | | DOD/COD CHARGES HANDLING CHARGES | | NOR |
| | 01/04/2023 | | | | POLICY NO DATE INSURANCE COMPANY INSURED VALUE | | | RGED WEIGHT | osc | | CONSIGNOR COPY |
| | VALUE DEGLADED (D-) | | | | | | | 25.000 | FUEL SURCHARGE FUEL TOTAL | | |
| | VALUE DECLARED (Rs.) | | ADD. SERVICES | | | KVICES | GRAND TOTAL GSTIN to be paid by Consignor Consignee Transporter | | | | |
| | 5,054.00 Date | | DACC? COD? DOD? | | | TOPAY AMOUNT MR NO. DATE | | | | | |
| | RECEIVED ABOVE SHIPMENT IN ORDER AND IN GOOD CONDITIONS | | | SPECIAL INSTRUCTIONS | | | | I/we hereby to the terms and condition setout on the reverse of this Consignor's copy and declare that contents of this way bill are true and correct, the to-pay Freight has my / our consent and will be paid by the consignee along with service charge as applicable at the time of delivery. | | | |
| | SIGN. STAMP | | | | | | | | | | |
| | NAME | - OTAINI | [| ☐ LIMITED TO RS 1000/-ONLY | | NAME CONSIGNOR'S S | | | | _ | |
| | PHONE | | | | | DER CARRIER'S ACT | NAME RECEIVED BY METROPOLIS | | | | |
| | <u> </u> | | | | | | DATE | & TIME | | BOOKING INCHARGE | |
| | Metropolis Logistics K2-832, P | opolis Logistics Pvt Ltd HASRA NO.834, MATA CHOWK MAHIPALPUR NEW 10037 Email: D.: 07AAHCM7482L1ZU | | | | Payment Mode CREDIT COURIER SHIPPING DATE: 01.0 | | | | KNO | |
| | ORIGIN | BILASPUR HARYANA DESTINATIO | | | | N | | AHMEDABAD |) | | |
| _ | BILL TO: EXPEDITORS INTI (C01869) | EXPEDITORS INTERNATIONAL INDIA SENDER: | | | | RS INTERNATIONA | SHIP TO: SELF | | | | |
| Developed By: Catalyst Soft Tech Phone: 85888154 | BLOCK A & D 5TH FLOOR 61 CHIMES BUILDING, PLOT NO 59 TO 62 SEC-44 GURGAON-122003 HR GURUGRAM-122003 BSP BILASPL STATE N | | | | PUR HARYANA-122413 : NAME: HARYANA CODE: 06 | | | AMD AHMEDABAD-382415 STATE NAME: GUJARAT CODE: 24 GSTIN No.: | | | |
| [ech P | METHOD OF PACKING | DESCRIPTION (SAID TO CO | IATAC | IN) | VOLUM | E (CMS \ Inches) | NC |). OF PIECES | CHARGES | FREIGHT | CONSIGNOR COPY |
| t Soft | BOX ELECTRICS ITEMS | | | S | | | | 3 | FREIGHT TO PAY CHARGES | | OR C |
| atalyst | | | | | | | | | RISK CHARGE | | OPY |
| oped By:C | INVOICE NO. & DATE | E-WAYBILL NO | | | AT OWNER'S RISK / CARRIER'S RISK If insured, Details of Insurance Policy | | | D/C DOD/COD CHARGES | | | |
| Devel | EI62135305 01/04/2023 | | | | POLICY NO INSURANCI | DATE E COMPANY | CHARGED WEIGHT | | HANDLING CHARGES OSC | | |
| | | | | INSURED VALUE | | | | | FUEL SURCHARGE | | |
| | VALUE DECLARED (Rs.) | | | | ADD. SERVICES | | | 25.000 | FUEL TOTAL GRAND TOTAL | | |
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| | SIGN. | STAMP | \dashv | ☐ LIMITED TO RS 1000/-ONLY | | | | | | | |
| | NAME | | [| | | | NAME NAME | | RECEIVED BY METROP | CONSIGNOR'S SIGN | |
| | | ⊣ | | ☐ WE CARRY UNDER CARRIER'S ACT | | | | | CLITED DI MILINOFO | | |
| | PHONE | | [| □WE | CARRY UND | ER CARRIER'S ACT | DATE | & TIME | | BOOKING INCHARGE | |

DATE & TIME

BOOKING INCHARGE