Metropolis Logistics Pvt Ltd

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

Payment Transport Mode Mode

COURIER



CONSIGNOR COPY

SHIPPING DATE: 10-06-2023

DESTINATION ORIGIN LUCKNOW VARANASI

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

CREDIT

AHMEDABAD-382415

STATE NAME: GILIARAT CODE: 24

| | | | | | | GSTIN No.: | 07 H 0 1 0 0 D E . Z T | | | |
|----------------------------|-----------------------------|--------|---|--------------------------|------------------|--|-----------------------------|------------------------|--|--|
| METHOD OF PACKING | DESCRIPTION (SAID TO C | ONTAII | N) VOLUI | ME (CMS \ Inches) | NO |). OF PIECES | CHARGES | FREIGHT | | |
| | CROCKERY AN | ID | | | | 23 | FREIGHT | | | |
| POLYBAGS | CUTLERY ITEM | | | | | TO PAY CHARGES RISK CHARGE | | | | |
| | COTLERT TIEN | 113 | | | AC | TUAL WEIGHT | D/C | | | |
| INVOICE NO. & DATE | E-WAYBILL NO | | | 'S RISK / CARRIER'S RISK | | 455 | DOD/COD CHARGES | | | |
| 56356 | | | If insured, Details of Insurance Policy | | | | HANDLING CHARGES | | | |
| 50350 | 5677 | 7.00 | | | CHA | ARGED WEIGHT | osc | | | |
| 10/06/2023 | 5077 | | INSURED | CE COMPANY VALUE | | | FUEL SURCHARGE | | | |
| | | | | | | 344 | FUEL TOTAL | | | |
| VALUE DECLARED (Rs.) | | | ADD. SERVICES | | | | GRAND TOTAL | | | |
| | | DAC | :c П | | | GSTIN to be paid by | | | | |
| 800.0000 | Expected Delivery Date | COD | | TOPAY AMOUNT MR NO. | | Consignor | Consignee | Transporter | | |
| | 12/06/2023 | DOD | · 🗆 | DATE | copy a Freigh | we hereby to the terms and condition setout on the reverse of this Consignor's opp 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 ervice charge as applicable at the time of delivery. | | | | |
| RECEIVED ABOVE SHIPMENT IN | ORDER AND IN GOOD CONDITION | NS | SPECIAL | INSTRUCTIONS | servic | e charge as applicab | le at the time of delivery. | | | |
| | 1 | | | | | | | | | |
| SIGN. | STAMP | | | | NAM | _ | | CONSIGNOR'S SIGN | | |
| NAME | | | ☐ LIMITED TO RS | 3 1000/-ONLY | NAME | | RECEIVED BY METROPO | DLIS LOGISTICS PVT LTD | | |
| PHONE | | | ☐ WE CARRY UNDER CARRIER'S ACT | | DATE | & TIME | | BOOKING INCHARGE | | |

Developed By:Catalyst Soft Tech Phone:858888154

Metropolis Logistics Pvt Ltd

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

CREDIT

Payment

Mode

COURIER

| GSTIN | NO.: 07AAHGW17462L120 | | | | | | | SHIPPIN | NG DATE: 10-06-2023 |
|--|------------------------|-------------------------|----------------------------------|--|---------------|---|------------------------|-----------------------------------|--|
| ORIGIN | LUCKNO |)W | | DESTINATIO | TION VARANASI | | | | |
| BILL TO: EXPEDITORS INT (C01869) BLOCK A & D 5TH FLOOR 61 CHIM 62 SEC-44 GURGAON-122003 HR GURUGRAM-122003 | | INDIA BSP BILASPU | | | L | SHIP TO: AMD AHMEDABAE STATE NAME GSTIN No.: | | : 24 | |
| METHOD OF PACKING | DESCRIPTION (SAID TO | CONTAI | IN) VOLUM | IE (CMS \ Inches) | NO | D. OF PIECE | S CHAR | GES | FREIGHT |
| | CROCKERY A | ND | | | | 23 | TO DAY | FREIGHT TO PAY CHARGES | |
| POLYBAGS | CUTLERY ITEMS | | | | | | RIS | K CHARGE | |
| | | | | | AC | TUAL WEIGI | HT | D/C | |
| INVOICE NO. & DATE | E-WAYBILL NO | 0 | | S RISK / CARRIER'S RISK Details of Insurance Policy | 455 | | DOD/COD | CHARGES | |
| 56356 | | | | • | | | HANDLING | CHARGES | |
| | 5677 | | POLICY NO DATE INSURANCE COMPANY | | CH | ARGED WEIG | | osc | |
| 10/06/2023 | | | INSURED V | ALUE | | 344 | | JRCHARGE JEL TOTAL | |
| VALUE DECLARED (Rs.) | | | ADD. SE | RVICES | | 344 | ı | AND TOTAL | |
| | | | | 1 | | | GSTIN to b | e paid by | |
| 800.0000 | Expected Delivery Date | COE | | TOPAY AMOUNT MR NO. | | Consigno | or Con | signee | Transporter |
| | 12/06/2023 | DOE | o 🗆 | DATE | copy a | and declare that at has my / our o | contents of this way | y bill are true paid by the co | everse of this Consignor's and correct. the to-pay onsignee along with |
| RECEIVED ABOVE SHIPMENT IN ORDER AND IN GOOD CONDITIONS | | | SPECIAL INSTRUCTIONS | | | e charge as app | olicable at the time o | f delivery. | |
| | | | | | | _ | | | |
| SIGN. | STAMP | Ļ | | | NAM | | DECEIVED D | V METROP | CONSIGNOR'S SIGN |
| NAME | | | ☐ LIMITED TO RS | 1000/-ONLY | INAIVIE | | KECEIVED B | TIVIETROP | OLIS LOGISTICS PVT LTD |
| PHONE | | | ☐ WE CARRY UNI | DER CARRIER'S ACT | DATE | & TIME | | | BOOKING INCHARGE |

Developed By:Catalyst Soft Tech Phone:858888154

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Transport **Payment** Mode Mode

CREDIT COURIER

VARANASI



ORIGIN DESTINATION LUCKNOW

BILL TO: EXPEDITORS INTERNATIONAL INDIA (C01869)

BLOCK A & D 5TH FLOOR 61 CHIMES BUILDING, PLOT NO 59 TO

SENDER: EXPEDITORS INTERNATIONAL INDIA

BSP

SHIP TO: SELF

AMD

| GURUGRAM-122003 | | | AME: HARY | | | | AHMEDABAD-382: STATE NAME: GU GSTIN No.: | | |
|----------------------------|-----------------------------------|----------------------------|-----------|----------------------------------|---|------------------|--|--|-----------------------|
| METHOD OF PACKING | DESCRIPTION (SAID TO | CONTAI | N) V | OLUME | E (CMS \ Inches) | NO |). OF PIECES | CHARGES | FREIGHT |
| POLYBAGS | 0-10 0-1-1-1 | CROCKERY AND CUTLERY ITEMS | | | | | 23 | FREIGHT TO PAY CHARGES RISK CHARGE | |
| INVOICE NO. & DATE | E-WAYBILL NO | | | | RISK / CARRIER'S RISK etails of Insurance Policy | | 455 | D/C DOD/COD CHARGES HANDLING CHARGES | |
| 56356 | | | | POLICY NO DATE INSURANCE COMPANY | | CH | ARGED WEIGHT | osc | |
| 10/06/2023 | 5677 | | | URANCE URED VA | | | | FUEL SURCHARGE | |
| VALUE DECLARED (Rs.) | | | ΔΓ | OD SEE | RVICES | | 344 | FUEL TOTAL GRAND TOTAL | |
| VALUE DECEMBED (NO.) | | | | D. OLI | | | | GSTIN to be paid by | |
| 800.0000 | Expected Delivery Date 12/06/2023 | DAC | | | cop Fre | | Consignor | Consignee | Transporter |
| | | DOD | D | | | copy a Freigh | and declare that conte t has my / our conse | and condition setout on the reverse of this Consignor's tents of this way bill are true and correct. the to-pay ent and will be paid by the consignee along with | |
| RECEIVED ABOVE SHIPMENT IN | ORDER AND IN GOOD CONDITION | ONS | SPEC | CIAL IN | STRUCTIONS | servic | e charge as applicab | e at the time of delivery. | |
| | | | | | | İ | | | |
| SIGN. | STAMP | | | | | NAM | <u> </u> | | CONSIGNOR'S SIGN |
| NAME | | | LIMITED | TO RS 1 | 000/-ONLY | NAME | | RECEIVED BY METROPO | LIS LOGISTICS PVT LTD |
| PHONE | | | □ WE CAR | RY UNDE | ER CARRIER'S ACT | DATE | & TIME | | BOOKING INCHARGE |
| | | | | | | | | | |