
 DTDC Express Limited Regd Office: No-3, Victoria Road Bengaluru - 560047		 Pouch Num:		ORIGIN:		DEST:	
Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction. Please refer to all the terms & conditions printed overleaf of this consignment note before tendering a consignment to DTDC.				Vendor Code: 102445			
1 Sender's (Consignor) Name: _____ Company Name & Address: <u>Pradeep Sales</u> City: <u>Mumbai</u> State: _____ Sender's GSTIN*: _____ PIN Code: <u>400003</u>		2 Recipient's (Consignee) Name: _____ Company Name & Address: <u>Pradeep Sales</u> City: <u>Mumbai</u> State: _____ Recipient's GSTIN*: _____ PIN Code: <u>400005</u>		3 Nature of consignment <input type="checkbox"/> Dox <input type="checkbox"/> Non-Dox <input type="checkbox"/>		4 Description of Content _____ Value of Goods _____	
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		5 Risk Coverage: <input type="checkbox"/> Owner <input type="checkbox"/> Carrier <input type="checkbox"/> 6 Paper Work Enclosures		7 Type of consignment (Please ✓) <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Non-Commercial <input type="checkbox"/>		8 Value Added Services <input type="checkbox"/> - Not Available <input type="checkbox"/> CM Expiry Dts: _____	
9 Mode: <input type="checkbox"/> Surface <input type="checkbox"/> Air cargo <input type="checkbox"/> Express <input type="checkbox"/>		10 Charges _____ Amount(₹) _____ a) Tariff (incl. Of FSC + Taxes) b) Value Added Service Charges c) Risk Surcharge d) Total amount (a+b+c)		11 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. The declared value of goods is true and accurate.		12 Booking Branch / Franchisee Code _____ Mode of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Card <input type="checkbox"/> Wallet <input type="checkbox"/>	
Sender's Signature _____ Date: _____ Time: _____ AM/PM		Receiver's Name: _____ Relationship: _____ Ph. No.: _____ Company Stamp & Signature: _____ DD MM YY TIME AM/PM		13 Courier Signature _____ Courier Stamp & Signature: _____ DD MM YY TIME AM/PM		14 Track Consignments - Send "TRACK CONSIGNMENT No" to 92300 92300 Email: customersupport@dtcd.com www.dtcd.in SENDER COPY Dec 2018 Release	



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