

**LTL****Order ID : DL/2021-22/1627****Master :2830810139127****Master**

2830810139127

Box : 1/4**STORE CODE:**, Pin: 583115
null

NSZ

ROCKETBOX B2B**Shipping address :**ATEEKH.YERABANAHALLI VILLAGE, SANDUR
TALUK, Pin: 583115

NA

Return address :ROCKETBOX B2B.G-21, VARDHAMAN CITY PLAZA 2, GROUND
FLOOR, TURKMAN GATE, Delhi, Delhi, 110002,

**LTL****Order ID : DL/2021-22/1627****Master :2830810139127****Child**

2830810139128

Box : 2/4**STORE CODE:**, Pin: 583115
BLY/BRD

NSZ

ROCKETBOX B2B**Shipping address :**ATEEKH.YERABANAHALLI VILLAGE, SANDUR
TALUK, Pin: 583115

NA

Return address :ROCKETBOX B2B.G-21, VARDHAMAN CITY PLAZA 2, GROUND
FLOOR, TURKMAN GATE, Delhi, Delhi, 110002,

**LTL****Order ID : DL/2021-22/1627****Master :2830810139127****Child**

2830810139129

Box : 3/4**STORE CODE:**, Pin: 583115
BLY/BRD

NSZ

ROCKETBOX B2B**Shipping address :**ATEEKH.YERABANAHALLI VILLAGE, SANDUR
TALUK, Pin: 583115

NA

Return address :ROCKETBOX B2B.G-21, VARDHAMAN CITY PLAZA 2, GROUND
FLOOR, TURKMAN GATE, Delhi, Delhi, 110002.

**LTL****Order ID : DL/2021-22/1627****Master :2830810139127****Child**

2830810139130

Box : 4/4**STORE CODE:**, Pin: 583115
BLY/BRD

NSZ

ROCKETBOX B2B**Shipping address :**ATEEKH.YERABANAHALLI VILLAGE, SANDUR
TALUK, Pin: 583115

NA

Return address :ROCKETBOX B2B.G-21, VARDHAMAN CITY PLAZA 2, GROUND
FLOOR, TURKMAN GATE, Delhi, Delhi, 110002,

**LTL****Order ID : DOC_220190345****Master :2830810139127****Child**

2830810139131



Document**STORE CODE:**, Pin: 583115
BLY/BRD



NSZ


ROCKETBOX B2B**Shipping address :**ATEEKH.YERABANAHALLI VILLAGE, SANDUR
TALUK, Pin: 583115


Document


Return address :ROCKETBOX B2B.G-21, VARDHAMAN CITY PLAZA 2, GROUND
FLOOR, TURKMAN GATE, Delhi, Delhi, 110002,

 ROCKETBOX B2B		Date: 20/01/22	2830810139127			
1.FROM: <input type="checkbox"/>		Drop-off :	4. TO: <input type="checkbox"/> Self Collect :			
Shipper's Name: ROCKETBOX B2B			Recipient's Name: ATEEKH			
Shipper's Phone Number: 9313007892			Recipient's Phone Number: 9480823427			
Street Name: G-21, VARDHAMAN CITY PLAZA 2, GROUND FLOOR, TURKMAN GATE			Street Name: YERABANAHALLI VILLAGE, SANDUR TALUK			
City: New Delhi	State: Delhi	Postal Code: 110002	City: Bellary	State: Karnataka	Postal Code: 583115	
2. SHIPMENT INFORMATION			Client/Store/Address Code:			
SHIPPER'S REFERENCE NO. (25 characters):DL/2021-22/1627			5. MOT:			
INVOICE NO.: DL/2021-22/1627		EWBN : 771235571703	Air <input type="checkbox"/>			
TOTAL INVOICE VALUE:103084.80		Master Id : 2830810139127	GROUND <input type="checkbox"/>			
6. SPECIAL HANDLING:		FRAGILE <input type="checkbox"/> HEAVY (>30 KG) <input type="checkbox"/> DG. <input type="checkbox"/>				
# BOXES x DIMENSION (LxWxH) cm		# COMMODITY DESCRIPTION	VAL CARGO. <input type="checkbox"/>			
2:49.0x32.0x27.0		NA	25.0			
2:74.0x50.0x44.0		NA	85.0			
TOTAL NUMBER OF BOXES: 4		7. INSURANCE:				
DOCUMENT RECEIVED: INVOICE <input type="checkbox"/> () TAX FORMS <input type="checkbox"/> () OTHERs <input type="checkbox"/> ().....		FOV. <input type="checkbox"/> MARINE. <input type="checkbox"/>				
No. Of DOCUMENTS:		VALUE:.....				
3. REQUIRED SIGNATURE - ORIGIN:		8. PAYMENT:				
DELHIVERY EMP ID:..... SHIPPER'S SIGN:.....		TRANSPORT: SHIPPER <input type="checkbox"/> RECIPIENT <input type="checkbox"/>				
		DUTIES & TAXES: SHIPPER <input type="checkbox"/> RECIPIENT <input type="checkbox"/>				
		CASH ON DELIVERY COD AMOUNT: ₹				
		CHEQUE ON DELIVERY <input type="checkbox"/>				
		CHEQUE BENEFICIARY'S NAME:				
9. REQUIRED SIGNATURE - DESTINATION:			RECIPIENT'S SIGNATURE AND STAMP:			
DATE..... TIME.....						
DELHIVERY PVT. LTD. REGISTERED OFFICE: B244, OKHLA INUSTRIAL AREA PHASE 1, NEW DELHI 110020, INDIA				SHIPPER COPY		
CONTACT NUMBER: +91 124 4623 200. CIN: U6309DL2011PTC221234, PAN: AAPCS9575E						
FOR TERMS & CONDITIONS, VISIT www.delhivery.com						

 ROCKETBOX B2B		Date: 20/01/22	2830810139127		
1.FROM: <input type="checkbox"/>		Drop-off :	4. TO: <input type="checkbox"/> Self Collect :		
Shipper's Name: ROCKETBOX B2B			Recipient's Name: ATEEKH		
Shipper's Phone Number: 9313007892			Recipient's Phone Number: 9480823427		
Street Name: G-21, VARDHAMAN CITY PLAZA 2, GROUND FLOOR, TURKMAN GATE			Street Name: YERABANAHALLI VILLAGE, SANDUR TALUK		
City: New Delhi	State: Delhi	Postal Code: 110002	City: Bellary	State: Karnataka	Postal Code: 583115
2. SHIPMENT INFORMATION			Client/Store/Address Code:		
SHIPPER'S REFERENCE NO. (25 characters):DL/2021-22/1627			5. MOT:		
INVOICE NO.: DL/2021-22/1627		EWBN : 771235571703	Air <input type="checkbox"/>		
TOTAL INVOICE VALUE:103084.80		Master Id : 2830810139127	GROUND <input type="checkbox"/>		
# BOXES x DIMENSION (LxWxH) cm	# COMMODITY DESCRIPTION	TOTAL WEIGHT	6. SPECIAL HANDLING:		
2:49.0x32.0x27.0	NA	25.0	FRAGILE <input type="checkbox"/> HEAVY (>30 KG) <input type="checkbox"/> DG. <input type="checkbox"/>		
2:74.0x50.0x44.0	NA	85.0	VAL CARGO. <input type="checkbox"/>		
			7. INSURANCE:		
			FOV. <input type="checkbox"/> MARINE. <input type="checkbox"/>		
			VALUE:.....		
			8. PAYMENT:		
			TRANSPORT: SHIPPER <input type="checkbox"/> RECIPIENT <input type="checkbox"/>		
			DUTIES & TAXES: SHIPPER <input type="checkbox"/> RECIPIENT <input type="checkbox"/>		
			CASH ON DELIVERY COD AMOUNT: ₹		
			CHEQUE ON DELIVERY <input type="checkbox"/>		
			CHEQUE BENEFICIARY'S NAME:		
TOTAL NUMBER OF BOXES: 4			9. REQUIRED SIGNATURE - DESTINATION:		
DOCUMENT RECEIVED: INVOICE <input type="checkbox"/> () TAX FORMS <input type="checkbox"/> () OTHERs <input type="checkbox"/> ().....			RECIPIENT'S SIGNATURE AND STAMP:		
No. Of DOCUMENTS:			DATE..... TIME.....		
3. REQUIRED SIGNATURE - ORIGIN:					
DELHIVERY EMP ID:..... SHIPPER'S SIGN:.....					
DELHIVERY PVT. LTD. REGISTERED OFFICE: B244, OKHLA INUSTRIAL AREA PHASE 1, NEW DELHI 110020, INDIA CONTACT NUMBER: +91 124 4623 200. CIN: U6309DL2011PTC221234, PAN: AAPCS9575E FOR TERMS & CONDITIONS, VISIT www.delhivery.com				ORIGIN/ACCOUNTS COPY	

<div><div>DELHIVERY</div><div>Small World</div></div> <div>ROCKETBOX B2B</div>		Date: 20/01/22	2830810139127		
1.FROM: <input type="checkbox"/>		Drop-off :	4. TO: <input type="checkbox"/> Self Collect :		
Shipper's Name: ROCKETBOX B2B			Recipient's Name: ATEEKH		
Shipper's Phone Number: 9313007892			Recipient's Phone Number: 9480823427		
Street Name: G-21, VARDHAMAN CITY PLAZA 2, GROUND FLOOR, TURKMAN GATE			Street Name: YERABANAHALLI VILLAGE, SANDUR TALUK		
City: New Delhi	State: Delhi	Postal Code: 110002	City: Bellary	State: Karnataka	Postal Code: 583115
2. SHIPMENT INFORMATION			Client/Store/Address Code:		
SHIPPER'S REFERENCE NO. (25 characters):DL/2021-22/1627			5. MOT:		
INVOICE NO.: DL/2021-22/1627		EWBN : 771235571703	Air <input type="checkbox"/>		
TOTAL INVOICE VALUE:103084.80		Master Id : 2830810139127	GROUND <input type="checkbox"/>		
6. SPECIAL HANDLING:		FRAGILE <input type="checkbox"/> HEAVY (>30 KG) <input type="checkbox"/> DG. <input type="checkbox"/>			
# BOXES x DIMENSION (LxWxH) cm		# COMMODITY DESCRIPTION	VAL CARGO. <input type="checkbox"/>		
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TOTAL NUMBER OF BOXES: 4		7. INSURANCE:			
DOCUMENT RECEIVED: INVOICE <input type="checkbox"/> () TAX FORMS <input type="checkbox"/> () OTHERs <input type="checkbox"/> ().....		FOV. <input type="checkbox"/> MARINE. <input type="checkbox"/>			
No. Of DOCUMENTS:		VALUE:.....			
3. REQUIRED SIGNATURE - ORIGIN:		8. PAYMENT:			
DELHIVERY EMP ID:..... SHIPPER'S SIGN:.....		TRANSPORT: SHIPPER <input type="checkbox"/> RECIPIENT <input type="checkbox"/>			
		DUTIES & TAXES: SHIPPER <input type="checkbox"/> RECIPIENT <input type="checkbox"/>			
		CASH ON DELIVERY COD AMOUNT: ₹			
		CHEQUE ON DELIVERY <input type="checkbox"/>			
		CHEQUE BENEFICIARY'S NAME:			
		9. REQUIRED SIGNATURE - DESTINATION:			
		RECIPIENT'S SIGNATURE AND STAMP:			
		DATE..... TIME.....			
DELHIVERY PVT. LTD. REGISTERED OFFICE: B244, OKHLA INUSTRIAL AREA PHASE 1, NEW DELHI 110020, INDIA				REGULATORY COPY	
CONTACT NUMBER: +91 124 4623 200. CIN: U6309DL2011PTC221234, PAN: AAPCS9575E					
FOR TERMS & CONDITIONS, VISIT www.delhivery.com					

<div>DELHIVERY</div> <div>Small World</div> <div>ROCKETBOX B2B</div>		Date: 20/01/22	2830810139127			
1.FROM: <input type="checkbox"/>		Drop-off :	4. TO: <input type="checkbox"/> Self Collect :			
Shipper's Name: ROCKETBOX B2B			Recipient's Name: ATEEKH			
Shipper's Phone Number: 9313007892			Recipient's Phone Number: 9480823427			
Street Name: G-21, VARDHAMAN CITY PLAZA 2, GROUND FLOOR, TURKMAN GATE			Street Name: YERABANAHALLI VILLAGE, SANDUR TALUK			
City: New Delhi	State: Delhi	Postal Code: 110002	City: Bellary	State: Karnataka	Postal Code: 583115	
2. SHIPMENT INFORMATION			Client/Store/Address Code:			
SHIPPER'S REFERENCE NO. (25 characters):DL/2021-22/1627			5. MOT:			
INVOICE NO.: DL/2021-22/1627		EWBN : 771235571703	Air <input type="checkbox"/>			
TOTAL INVOICE VALUE:103084.80		Master Id : 2830810139127	GROUND <input type="checkbox"/>			
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No. Of DOCUMENTS:		VALUE:.....				
3. REQUIRED SIGNATURE - ORIGIN:		8. PAYMENT:				
DELHIVERY EMP ID:..... SHIPPER'S SIGN:.....		TRANSPORT: SHIPPER <input type="checkbox"/> RECIPIENT <input type="checkbox"/>				
		DUTIES & TAXES: SHIPPER <input type="checkbox"/> RECIPIENT <input type="checkbox"/>				
		CASH ON DELIVERY COD AMOUNT: ₹				
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9. REQUIRED SIGNATURE - DESTINATION:			RECIPIENT'S SIGNATURE AND STAMP:			
DATE..... TIME.....						
DELHIVERY PVT. LTD. REGISTERED OFFICE: B244, OKHLA INUSTRIAL AREA PHASE 1, NEW DELHI 110020, INDIA				LM POD		
CONTACT NUMBER: +91 124 4623 200. CIN: U6309DL2011PTC221234, PAN: AAPCS9575E						
FOR TERMS & CONDITIONS, VISIT www.delhivery.com						

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			FOV. <input type="checkbox"/> MARINE. <input type="checkbox"/>		
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			8. PAYMENT:		
			TRANSPORT: SHIPPER <input type="checkbox"/> RECIPIENT <input type="checkbox"/>		
			DUTIES & TAXES: SHIPPER <input type="checkbox"/> RECIPIENT <input type="checkbox"/>		
			CASH ON DELIVERY COD AMOUNT: ₹		
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DELHIVERY PVT. LTD. REGISTERED OFFICE: B244, OKHLA INUSTRIAL AREA PHASE 1, NEW DELHI 110020, INDIA				RECIPIENT COPY	
CONTACT NUMBER: +91 124 4623 200. CIN: U6309DL2011PTC221234, PAN: AAPCS9575E					
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