

**LTL****Order ID : DL/2021-22/1729****Master :2830810145818****Master**

2830810145818

Box : 1/1**STORE CODE:**, Pin: 454775
null

NSZ

ROCKETBOX B2B**Shipping address :**ASHISH JAIN,TWO WHEELER DIV., PLOT NO. 2,
INDUSTRIAL AREA NO. 1, Pin: 454775

NA

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

**LTL****Order ID : DOC_220366192****Master :2830810145818****Child**

2830810145819


Document**STORE CODE:**, Pin: 454775
IDO/MGH


NSZ


ROCKETBOX B2B**Shipping address :**ASHISH JAIN,TWO WHEELER DIV., PLOT NO. 2,
INDUSTRIAL AREA NO. 1, Pin: 454775



Document


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

<div><div>DELHIVERY</div><div>Small World</div></div> <div>ROCKETBOX B2B</div>		Date: 05/02/22	2830810145818		
1.FROM: <input type="checkbox"/>		Drop-off :	4. TO: <input type="checkbox"/> Self Collect :		
Shipper's Name: ROCKETBOX B2B			Recipient's Name: ASHISH JAIN		
Shipper's Phone Number: 9313007892			Recipient's Phone Number: 9717988356		
Street Name: G-21, VARDHAMAN CITY PLAZA 2, GROUND FLOOR, TURKMAN GATE			Street Name: TWO WHEELER DIV., PLOT NO. 2, INDUSTRIAL AREA NO. 1		
City: New Delhi	State: Delhi	Postal Code: 110002	City: Pithampur	State: Madhya Pradesh	Postal Code: 454775
2. SHIPMENT INFORMATION			Client/Store/Address Code:		
SHIPPER'S REFERENCE NO. (25 characters):DL/2021-22/1729			5. MOT:		
INVOICE NO.: DL/2021-22/1729		EWBN :	Air <input type="checkbox"/>		
TOTAL INVOICE VALUE:18362.00		Master Id : 2830810145818	GROUND <input type="checkbox"/>		
# BOXES x DIMENSION (LxWxH) cm	# COMMODITY DESCRIPTION	TOTAL WEIGHT	6. SPECIAL HANDLING:		
1:26.0x19.0x24.0	NA	6.0	FRAGILE <input type="checkbox"/> HEAVY (>30 KG) <input type="checkbox"/> DG. <input type="checkbox"/>		
			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: 1			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				SHIPPER COPY	
CONTACT NUMBER: +91 124 4623 200. CIN: U6309DL2011PTC221234, PAN: AAPCS9575E					
FOR TERMS & CONDITIONS, VISIT www.delhivery.com					

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