

**LTL****Order ID : 1631****Master :2830810139518****Master**

2830810139518

Box : 1/4**STORE CODE:**, Pin: 302022
null

NSZ

ROCKETBOX B2B**Shipping address :**BOSCH LIMITED JAIPUR,JAP/CLP31 JAIPUR
PLANT, SP663, RIICO IND. AREA, SITAPUR,
Pin: 302022

NA

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

**LTL****Order ID : 1631****Master :2830810139518****Child**

2830810139519

Box : 2/4**STORE CODE:**, Pin: 302022
JAI/SEI

NSZ

ROCKETBOX B2B**Shipping address :**BOSCH LIMITED JAIPUR,JAP/CLP31 JAIPUR
PLANT, SP663, RIICO IND. AREA, SITAPUR,
Pin: 302022

NA

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

**LTL****Order ID : 1631****Master :2830810139518****Child**

2830810139520

Box : 3/4**STORE CODE:**, Pin: 302022
JAI/SEI

NSZ

ROCKETBOX B2B**Shipping address :**BOSCH LIMITED JAIPUR,JAP/CLP31 JAIPUR
PLANT, SP663, RIICO IND. AREA, SITAPUR,
Pin: 302022

NA

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

**LTL****Order ID : 1631****Master :2830810139518****Child**

2830810139521

Box : 4/4**STORE CODE:**, Pin: 302022
JAI/SEI

NSZ

ROCKETBOX B2B**Shipping address :**BOSCH LIMITED JAIPUR,JAP/CLP31 JAIPUR
PLANT, SP663, RIICO IND. AREA, SITAPUR,
Pin: 302022

NA

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

**LTL****Order ID : DOC_220201561****Master :2830810139518****Child**

2830810139522


Document**STORE CODE:**, Pin: 302022
JAI/SEI


NSZ


ROCKETBOX B2B**Shipping address :**BOSCH LIMITED JAIPUR,JAP/CLP31 JAIPUR
PLANT, SP663, RIICO IND. AREA, SITAPUR,
Pin: 302022


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: 21/01/22	2830810139518		
1.FROM: <input type="checkbox"/>		Drop-off :	4. TO: <input type="checkbox"/> Self Collect :		
Shipper's Name: ROCKETBOX B2B			Recipient's Name: BOSCH LIMITED JAIPUR		
Shipper's Phone Number: 9313007892			Recipient's Phone Number: 7976045755		
Street Name: G-21, VARDHAMAN CITY PLAZA 2, GROUND FLOOR, TURKMAN GATE			Street Name: JAP/CLP31 JAIPUR PLANT, SP663, RIICO IND. AREA, SITAPUR		
City: New Delhi	State: Delhi	Postal Code: 110002	City: JAIPUR	State: Rajasthan	Postal Code: 302022
2. SHIPMENT INFORMATION			Client/Store/Address Code:		
SHIPPER'S REFERENCE NO. (25 characters):1631			5. MOT:		
INVOICE NO.: 1631		EWBN :	Air <input type="checkbox"/>		
TOTAL INVOICE VALUE:35736.00		Master Id : 2830810139518	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"/>		
1:54.0x75.0x30.0		NA	14.0		
1:46.0x9.0x41.0		NA	5.0		
1:33.0x20.0x35.0		NA	11.0		
1:47.0x55.0x30.0		NA	9.0		
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					

<div>DELHIVERY</div> <div>Small World</div> <div>ROCKETBOX B2B</div>			Date: 21/01/22		2830810139518						
1.FROM: <input type="checkbox"/>			Drop-off :		4. TO: <input type="checkbox"/>			Self Collect :			
Shipper's Name: ROCKETBOX B2B					Recipient's Name: BOSCH LIMITED JAIPUR						
Shipper's Phone Number: 9313007892					Recipient's Phone Number: 7976045755						
Street Name: G-21, VARDHAMAN CITY PLAZA 2, GROUND FLOOR, TURKMAN GATE					Street Name: JAP/CLP31 JAIPUR PLANT, SP663, RIICO IND. AREA, SITAPUR						
City: New Delhi		State: Delhi		Postal Code: 110002		City: JAIPUR		State: Rajasthan		Postal Code: 302022	
2. SHIPMENT INFORMATION					Client/Store/Address Code:						
SHIPPER'S REFERENCE NO. (25 characters):1631					5. MOT:		6. SPECIAL HANDLING:				
INVOICE NO.: 1631			EWBN :		Air <input type="checkbox"/>		FRAGILE <input type="checkbox"/> HEAVY (>30 KG) <input type="checkbox"/> DG. <input type="checkbox"/>				
TOTAL INVOICE VALUE:35736.00			Master Id : 2830810139518		GROUND <input type="checkbox"/>		VAL CARGO. <input type="checkbox"/>				
# BOXES x DIMENSION (LxWxH) cm		# COMMODITY DESCRIPTION		TOTAL WEIGHT		POD on Invoice <input type="checkbox"/>					
1:54.0x75.0x30.0		NA		14.0		7. INSURANCE:		8. PAYMENT:			
1:46.0x9.0x41.0		NA		5.0		FOV. <input type="checkbox"/> MARINE. <input type="checkbox"/>		TRANSPORT: SHIPPER <input type="checkbox"/> RECIPIENT <input type="checkbox"/>			
1:33.0x20.0x35.0		NA		11.0		VALUE:.....		DUTIES & TAXES: SHIPPER <input type="checkbox"/> RECIPIENT <input type="checkbox"/>			
1:47.0x55.0x30.0		NA		9.0				CASH ON DELIVERY COD AMOUNT: ₹			
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: 21/01/22	2830810139518		
1.FROM: <input type="checkbox"/>		Drop-off :	4. TO: <input type="checkbox"/> Self Collect :		
Shipper's Name: ROCKETBOX B2B			Recipient's Name: BOSCH LIMITED JAIPUR		
Shipper's Phone Number: 9313007892			Recipient's Phone Number: 7976045755		
Street Name: G-21, VARDHAMAN CITY PLAZA 2, GROUND FLOOR, TURKMAN GATE			Street Name: JAP/CLP31 JAIPUR PLANT, SP663, RIICO IND. AREA, SITAPUR		
City: New Delhi	State: Delhi	Postal Code: 110002	City: JAIPUR	State: Rajasthan	Postal Code: 302022
2. SHIPMENT INFORMATION			Client/Store/Address Code:		
SHIPPER'S REFERENCE NO. (25 characters):1631			5. MOT:		
INVOICE NO.: 1631		EWBN :	Air <input type="checkbox"/>		
TOTAL INVOICE VALUE:35736.00		Master Id : 2830810139518	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"/>		
1:54.0x75.0x30.0		NA	14.0		
1:46.0x9.0x41.0		NA	5.0		
1:33.0x20.0x35.0		NA	11.0		
1:47.0x55.0x30.0		NA	9.0		
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				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: 21/01/22	2830810139518		
1.FROM: <input type="checkbox"/>		Drop-off :	4. TO: <input type="checkbox"/> Self Collect :		
Shipper's Name: ROCKETBOX B2B			Recipient's Name: BOSCH LIMITED JAIPUR		
Shipper's Phone Number: 9313007892			Recipient's Phone Number: 7976045755		
Street Name: G-21, VARDHAMAN CITY PLAZA 2, GROUND FLOOR, TURKMAN GATE			Street Name: JAP/CLP31 JAIPUR PLANT, SP663, RIICO IND. AREA, SITAPUR		
City: New Delhi	State: Delhi	Postal Code: 110002	City: JAIPUR	State: Rajasthan	Postal Code: 302022
2. SHIPMENT INFORMATION			Client/Store/Address Code:		
SHIPPER'S REFERENCE NO. (25 characters):1631			5. MOT:		
INVOICE NO.: 1631		EWBN :	Air <input type="checkbox"/>		
TOTAL INVOICE VALUE:35736.00		Master Id : 2830810139518	GROUND <input type="checkbox"/>		
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# BOXES x DIMENSION (LxWxH) cm		# COMMODITY DESCRIPTION	VAL CARGO. <input type="checkbox"/>		
1:54.0x75.0x30.0		NA	POD on Invoice <input type="checkbox"/>		
1:46.0x9.0x41.0		NA	7. INSURANCE:		
1:33.0x20.0x35.0		NA	FOV. <input type="checkbox"/> MARINE. <input type="checkbox"/>		
1:47.0x55.0x30.0		NA	VALUE:.....		
TOTAL NUMBER OF BOXES: 4		8. PAYMENT:			
DOCUMENT RECEIVED: INVOICE <input type="checkbox"/> () TAX FORMS <input type="checkbox"/> () OTHERs <input type="checkbox"/> ().....		TRANSPORT: SHIPPER <input type="checkbox"/> RECIPIENT <input type="checkbox"/>			
No. Of DOCUMENTS:		DUTIES & TAXES: SHIPPER <input type="checkbox"/> RECIPIENT <input type="checkbox"/>			
3. REQUIRED SIGNATURE - ORIGIN:		CASH ON DELIVERY COD AMOUNT: ₹			
DELHIVERY EMP ID:..... SHIPPER'S SIGN:.....		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				LM POD	
CONTACT NUMBER: +91 124 4623 200. CIN: U6309DL2011PTC221234, PAN: AAPCS9575E					
FOR TERMS & CONDITIONS, VISIT www.delhivery.com					

<div><div>DELHIVERY</div><div>Small World</div></div> <div>ROCKETBOX B2B</div>		Date: 21/01/22	2830810139518			
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Shipper's Phone Number: 9313007892			Recipient's Phone Number: 7976045755			
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City: New Delhi	State: Delhi	Postal Code: 110002	City: JAIPUR	State: Rajasthan	Postal Code: 302022	
2. SHIPMENT INFORMATION			Client/Store/Address Code:			
SHIPPER'S REFERENCE NO. (25 characters):1631			5. MOT:			
INVOICE NO.: 1631		EWBN :	Air <input type="checkbox"/>			
TOTAL INVOICE VALUE:35736.00		Master Id : 2830810139518	GROUND <input type="checkbox"/>			
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# BOXES x DIMENSION (LxWxH) cm		# COMMODITY DESCRIPTION	VAL CARGO. <input type="checkbox"/>			
1:54.0x75.0x30.0		NA	POD on Invoice <input type="checkbox"/>			
1:46.0x9.0x41.0		NA	7. INSURANCE:			
1:33.0x20.0x35.0		NA	FOV. <input type="checkbox"/> MARINE. <input type="checkbox"/>			
1:47.0x55.0x30.0		NA	VALUE:.....			
TOTAL NUMBER OF BOXES: 4		8. PAYMENT:				
DOCUMENT RECEIVED: INVOICE <input type="checkbox"/> () TAX FORMS <input type="checkbox"/> () OTHERs <input type="checkbox"/> ().....		TRANSPORT: SHIPPER <input type="checkbox"/> RECIPIENT <input type="checkbox"/>				
No. Of DOCUMENTS:		DUTIES & TAXES: SHIPPER <input type="checkbox"/> RECIPIENT <input type="checkbox"/>				
3. REQUIRED SIGNATURE - ORIGIN:		CASH ON DELIVERY COD AMOUNT: ₹				
DELHIVERY EMP ID:..... SHIPPER'S SIGN:.....		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				RECIPIENT COPY		
CONTACT NUMBER: +91 124 4623 200. CIN: U6309DL2011PTC221234, PAN: AAPCS9575E						
FOR TERMS & CONDITIONS, VISIT www.delhivery.com						