

**LTL****Order ID : DL/2021-22/1490****Master :2830810131367****Master**

2830810131367

Box : 1/5**STORE CODE:**, Pin: 303007
null

NSZ

ROCKETBOX B2B**Shipping address :**NAVEEN SONI.FARM DIVISION AGRI
DEVELOPMENT, CENTER VILL MAHLA
TEH.DUDU AJMER, Pin: 303007

NA

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

**LTL****Order ID : DL/2021-22/1490****Master :2830810131367****Child**

2830810131368

Box : 2/5**STORE CODE:**, Pin: 303007
JAI/SEI

NSZ

ROCKETBOX B2B**Shipping address :**NAVEEN SONI.FARM DIVISION AGRI
DEVELOPMENT, CENTER VILL MAHLA
TEH.DUDU AJMER, Pin: 303007

NA

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

**LTL****Order ID : DL/2021-22/1490****Master :2830810131367****Child**

2830810131369

Box : 3/5**STORE CODE:**, Pin: 303007
JAI/SEI

NSZ

ROCKETBOX B2B**Shipping address :**NAVEEN SONI.FARM DIVISION AGRI
DEVELOPMENT, CENTER VILL MAHLA
TEH.DUDU AJMER, Pin: 303007

NA

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

**LTL****Order ID : DL/2021-22/1490****Master :2830810131367****Child**

2830810131370

Box : 4/5**STORE CODE:**, Pin: 303007
JAI/SEI

NSZ

ROCKETBOX B2B**Shipping address :**NAVEEN SONI.FARM DIVISION AGRI
DEVELOPMENT, CENTER VILL MAHLA
TEH.DUDU AJMER, Pin: 303007

NA

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

**LTL****Order ID : DL/2021-22/1490****Master :2830810131367****Child**

2830810131371

Box : 5/5**STORE CODE:**, Pin: 303007
JAI/SEI

NSZ

ROCKETBOX B2B**Shipping address :**NAVEEN SONI.FARM DIVISION AGRI
DEVELOPMENT, CENTER VILL MAHLA
TEH.DUDU AJMER, Pin: 303007

NA

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

**LTL****Order ID : DOC_212702350****Master :2830810131367****Child**

2830810131372


Document**STORE CODE:**, Pin: 303007
JAI/SEI


NSZ


ROCKETBOX B2B**Shipping address :**NAVEEN SONI,FARM DIVISION AGRI
DEVELOPMENT, CENTER VILL MAHLA
TEH.DUDU AJMER, Pin: 303007


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: 28/12/21	2830810131367			
1.FROM: <input type="checkbox"/>			Drop-off :	4. TO: <input type="checkbox"/>			
Shipper's Name: ROCKETBOX B2B			Recipient's Name: NAVEEN SONI				
Shipper's Phone Number: 9313007892			Recipient's Phone Number: 9116039933				
Street Name: G-21, VARDHAMAN CITY PLAZA 2, GROUND FLOOR, TURKMAN GATE			Street Name: FARM DIVISION AGRI DEVELOPMENT, CENTER VILL MAHLA TEH.DUDU AJMER				
City: New Delhi	State: Delhi	Postal Code: 110002	City: Jaipur	State: Rajasthan	Postal Code: 303007		
2. SHIPMENT INFORMATION			Client/Store/Address Code:				
SHIPPER'S REFERENCE NO. (25 characters):DL/2021-22/1490			5. MOT:				
INVOICE NO.: DL/2021-22/1490		EWBN :	Air <input type="checkbox"/>				
TOTAL INVOICE VALUE:17248.00		Master Id : 2830810131367	GROUND <input type="checkbox"/>				
# BOXES x DIMENSION (LxWxH) cm	# COMMODITY DESCRIPTION	TOTAL WEIGHT	6. SPECIAL HANDLING:				
5:122.0x13.0x23.0	NA	10.0	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: 5			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							

<div><div>DELHIVERY</div><div>Small World</div></div> <div>ROCKETBOX B2B</div>		Date: 28/12/21	2830810131367		
1.FROM: <input type="checkbox"/>		Drop-off :	4. TO: <input type="checkbox"/> Self Collect :		
Shipper's Name: ROCKETBOX B2B			Recipient's Name: NAVEEN SONI		
Shipper's Phone Number: 9313007892			Recipient's Phone Number: 9116039933		
Street Name: G-21, VARDHAMAN CITY PLAZA 2, GROUND FLOOR, TURKMAN GATE			Street Name: FARM DIVISION AGRI DEVELOPMENT, CENTER VILL MAHLA TEH.DUDU AJMER		
City: New Delhi	State: Delhi	Postal Code: 110002	City: Jaipur	State: Rajasthan	Postal Code: 303007
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SHIPPER'S REFERENCE NO. (25 characters):DL/2021-22/1490			5. MOT:		
INVOICE NO.: DL/2021-22/1490		EWBN :	Air <input type="checkbox"/>		
TOTAL INVOICE VALUE:17248.00		Master Id : 2830810131367	GROUND <input type="checkbox"/>		
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			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"/>		
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DELHIVERY EMP ID:..... SHIPPER'S SIGN:.....					
DELHIVERY PVT. LTD. REGISTERED OFFICE: B244, OKHLA INUSTRIAL AREA PHASE 1, NEW DELHI 110020, INDIA				ORIGIN/ACCOUNTS COPY	
CONTACT NUMBER: +91 124 4623 200. CIN: U6309DL2011PTC221234, PAN: AAPCS9575E					
FOR TERMS & CONDITIONS, VISIT www.delhivery.com					

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Street Name: G-21, VARDHAMAN CITY PLAZA 2, GROUND FLOOR, TURKMAN GATE			Street Name: FARM DIVISION AGRI DEVELOPMENT, CENTER VILL MAHLA TEH.DUDU AJMER		
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SHIPPER'S REFERENCE NO. (25 characters):DL/2021-22/1490			5. MOT:		
INVOICE NO.: DL/2021-22/1490		EWBN :	Air <input type="checkbox"/>		
TOTAL INVOICE VALUE:17248.00		Master Id : 2830810131367	GROUND <input type="checkbox"/>		
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			8. PAYMENT:		
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DOCUMENT RECEIVED: INVOICE <input type="checkbox"/> () TAX FORMS <input type="checkbox"/> () OTHERs <input type="checkbox"/> ().....			RECIPIENT'S SIGNATURE AND STAMP:		
No. Of DOCUMENTS:					
3. REQUIRED SIGNATURE - ORIGIN:			DATE..... TIME.....		
DELHIVERY EMP ID:..... SHIPPER'S SIGN:.....					
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					

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			VALUE:.....		
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FOR TERMS & CONDITIONS, VISIT www.delhivery.com				LM POD	

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5:122.0x13.0x23.0		NA		10.0		POD on Invoice <input type="checkbox"/>					
TOTAL NUMBER OF BOXES: 5 DOCUMENT RECEIVED: INVOICE <input type="checkbox"/> () TAX FORMS <input type="checkbox"/> () OTHERs <input type="checkbox"/> ()..... No. Of DOCUMENTS:						7. INSURANCE:					
						FOV. <input type="checkbox"/> MARINE. <input type="checkbox"/> VALUE:.....					
3. REQUIRED SIGNATURE - ORIGIN: DELHIVERY EMP ID:..... SHIPPER'S SIGN:.....						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:					
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 CONTACT NUMBER: +91 124 4623 200. CIN: U6309DL2011PTC221234, PAN: AAPCS9575E FOR TERMS & CONDITIONS, VISIT www.delhivery.com								RECIPIENT COPY			