



Delivery
Note/Waybill#: 0825-13848AUH

Printed Date:21/08/2025



Customer's Name & Address Name: Samsung C & T Corporation Address: Office 2112, Addax Tower, Al Reem Island, Al Reem Tamouh 21 City: P.O.Box: Country: UAE Postal Code: Contact: Tel:		Customer's Account Number					
Consignee's Name & Address Name/Code: ABU DHABI OFFSHORE POWER TRANSMISSION COMPA Address: P.O.Box: City: Sharjah Postal Code: Country: UAE Tel: Contact: Notify Party:		Consignee's Account Number					
CARRIER INFORMATION Carrier DSV SOLUTIONS PJSC AUH Head Plate 56715 Trailer Plate 98240 DT Head Fleet AG-314 Trailer Fleet AG-259 Head Type Tractor Head Trailer Type Double Trailer Req Truck Type Double Trailer Passport # Employee # 349913 Driver Mob. # Driver Name Jugraj Singh Gurmeet Singh		ROUTING AND DESTINATION Loading Address: Destination Code: 68718964 Destination: DSV MUSSAFAH YARD Offloading Address Offloading Country: UAE					
NOTES KOCU2159723 (20DC) - 5 Package							
CONSIGNMENT INFORMATION							
Order Number	Job Number	PO Number	Loading Point	Loading Country	Loading Date	No./Qty Type	Description
HVDC-ADOPT-SCT-0107, HVDC-ADOPT-SCT-0117, 0118	BAMF0017306	HVDC-ADOPT-SCT-0117, 0118	Container Terminal-CSP	UAE	12/08/2025	8/PKG	Earthing & Lightning Protection Materials
Sender Section CONSIGNMENT LOADING DATE AND TIME TO DESTINATION Arrival for Loading Date/Time: Loading Started Date/Time: 12/08/2025 16:11 Loading finish Date/Time: 12/08/2025 17:13 ASSET RELEASE DATE & TIME: 12/08/2025 17:13 I warrant the details given are correct and confirm the goods are to be delivered under DSV SOLUTIONS B.S.C CLOSED standards conditions of business SENDERS NAME, SIGNATURE AND STAMP Sender Name: Signature: Date:				Receiver Section CONSIGNMENT UNLOADING DATE AND TIME TO DESTINATION Arrival for Offloading Date /Time: 12/08/2025 20:36 Offloading Started Date /Time: Offloading Ended Date /Time: ASSET RELEASE DATE & TIME: 13/08/2025 08:23 The word unexamined or unchecked will not be accepted as conditioner signature, failure to complete all the boxes below may render any claim for loss, damage or late delivery invalid. RECEIVERS NAME, SIGNATURE AND STAMP Receiver Name: Signature: Date:			

Trip No. :
1208255933AUH

