



Delivery
Note/Waybill#: 0825-14910AUH

Printed Date: 15/08/2025



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 NOT NEGOTIABLE DELIVERY NOTE (CONSIGNMENT NOTE) ISSUED BY <div style="text-align: center;">DSV SOLUTIONS</div> Road Freight COPIES 1, 2 AND 3 OF THIS DELIVERY NOTE ARE ORIGINALS AND HAVE THE SAME VALIDITY					
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:		Shipping Line: Container Type: DO #: Container Size: DO Validity : Container #: Total Weight : 66 Seal #: Cust. Ref #: HVDC- BOL #: 60738335216					
CARRIER INFORMATION		ROUTING AND DESTINATION					
Carrier DSV SOLUTIONS PJSC AUH Head Plate 56819 Trailer Plate NONE Head Fleet AGL-WH-026 Trailer Fleet NOTRAILER Head Type Pickup 3 Ton Chiller Bo Trailer Type Req Truck Type 3 Ton Rigid Drybox Passport # V2911424 Employee # 107699 Driver Mob. # Driver Name Sidheegu Kannatti Hassan		Loading Address: Destination Code: 68718964 Destination: SAMSUNG MOSB YARD Offloading Address Offloading Country: UAE					
NOTES POC : MR ROLDAN offloading in MOSB - 16/8							
CONSIGNMENT INFORMATION							
Order Number	Job Number	PO Number	Loading Point	Loading Country	Loading Date	No./Qty Type	Description
HVDC-ADOPT-0129		HVDC-ADOPT-SCT-0129	AUH Airport Cargo Village	UAE		1/CTN	1 CASE LIGHTNING PROTECTION
Sender Section				Receiver Section			
CONSIGNMENT LOADING DATE AND TIME TO DESTINATION Arrival for Loading Date/Time: Loading Started Date/Time: Loading finish Date/Time: ASSET RELEASE DATE & TIME: 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:				CONSIGNMENT UNLOADING DATE AND TIME TO DESTINATION Arrival for Offloading Date /Time: Offloading Started Date /Time: Offloading Ended Date /Time: ASSET RELEASE DATE & TIME: The word unexamined or unchecked will not be accepted as condition 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. :
1508258328AUH

