

dtcd Direct to Customer

Parcel Number

ORIGIN

DEST.

Pick-up Ref. No.

Pin A

Karishyam

Pin Code

Ajay Kumar Singh

Company Name & Address
Jalgaon P baly Mandal

Pin Code
400023

City
Mumbai

Description of Contents

Value of Goods

The Total Value of consignment for carriage / E- Way Bill

Type of consignment / Parcel

Country

State

City

Pin Code

Post Office

Post Office Name

Post Office Code

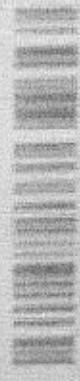
Post Office Name

Post Office Code

Post Office Name

Post Office Code

Consignment Number



Z73400182

11/11/22

Receiver's Name

Receiver's Address

Receiver's City

Receiver's Pin Code

Receiver's State

Receiver's Country

Receiver's Signature

Receiver's Stamp

Receiver's Date

Receiver's Time

Receiver's AM/PM

dtcd

Priority Mail

Print or Ref. No.

KRUSREVI

Post Office

Postage Paid

Postage

Express

Air Cargo

214/102

Postage

Postage

Postage

Postage

Postage

Postage

Postage

Postage

Postage

Recipient's Name: TEJ KARAN

Company Name: Bikarner

Address

Description of Contents: 33 v1803

Weight

Dimensions

Insurance

Signature

Postmark

Postage

Postage

Postage

Postage

Postage

Postage

Postage

Postage



274244049

214/102

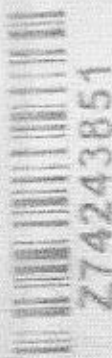
AK/AM

AM/RS/SH

122021

AM/AM

2/9/22



274243851

Employee Information Name: <i>AK/AM</i>		Date of Birth: <i>12/20/21</i>	
Position: <i>AM/AM</i>		Department: <i>AM/AM</i>	
Supervisor: <i>AM/AM</i>		Date of Hire: <i>AM/AM</i>	
Employment Type: <i>AM/AM</i>		Status: <i>AM/AM</i>	
The Total Value of Employment for earnings / 3 May 2021		Social Security Number: <i>AM/AM</i>	
Commitment Number: <i>AM/AM</i>		Relationship: <i>AM/AM</i>	
Signature: <i>AM/AM</i>		Date: <i>2/9/22</i>	

DD MM YY TIME AM/PM

ABMAZ

110026

KRUKM /

KRUSKUM /

DECHI



274243852

9/4/92

Consignor's Name Company Name & Address State: ABMAZ		Consignee's Name Company Name & Address State: 110026	
Type of Consignment Consignment Number: DECHI		The Total Value of Consignment for Insurance (C. 100) is:	
Consignment Details Consignment Number: 274243852		Consignment Number:	
Consignor's Name Relationship:		Consignee's Name Relationship:	
Ph. No. Company Stamp & Signature		Ph. No. Company Stamp & Signature	
Date: 9/4/92		Time:	
Mode of Transport:		Mode of Payment: Cash / Credit / Bank	
Paper Work Enclosures:		Marking Branch / Warehouse Code:	

KRUSHMI

ABINAV

110026

DELHI

774122
Z74243853

Copy of...

Company Name & Address: KRUSHMI

Recipient's Name: ABINAV

State: 110026

City: DELHI

Description of Contents: [Blank]

Type of Consignment: [Blank]

Consignment Number: [Blank]

Company Name & Address: [Blank]

City: [Blank]

State: [Blank]

Country: [Blank]

Weight: [Blank]

Dimensions: [Blank]

Value of Goods: [Blank]

Invoice Number: [Blank]

Date: [Blank]

Signature: [Blank]

DEST

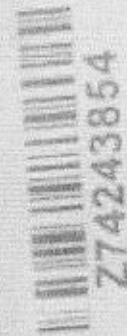
dtde: 11/00/17

Recipient's (Consignor) Name: **AMI RUDH**
 Consignee Name & Address:
 City: **DELHI**
 State: **110017** PIN Code

Sender's (Consignee) Name: **KRUSHNA**
 Consignee Name & Address:
 City: **DELHI**
 State: **110017** PIN Code

City: **DELHI**
 State: **110017** PIN Code
 Description of Contents:
DELHI

Value of Goods: _____
 Type of Transport: _____
 Consignment Number: **Z74243854**



Receiver's Name: _____
 Relationship: _____
 Ph. No.: _____
 Company Name & Signature: _____
 Date: DD ___/___/___ Time: ___:___ AM/PM

Sl. No.	Name of Consignment	QTY	Unit	Weight	Value	Remarks
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						

Mode of Transport: Surface Air cargo Express
 Date: **2/9/22**
 Time: **11:00 AM**

Carrier: _____
 Consignment Number: **Z74243854**
 Receiver's Name: _____
 Relationship: _____
 Ph. No.: _____
 Company Name & Signature: _____
 Date: DD ___/___/___ Time: ___:___ AM/PM

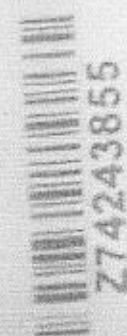
Sender's Name: **RE RUSKAI** dtcd line Push Nom
 Sender's Address:
 City:
 State:
 ZIP:
 PIN Code:

Recipient's Name: **WIKIHI**
 Recipient's Address: **110025**
 City:
 State:
 ZIP:
 PIN Code:

Description of Contents: **DECK**
 The Total Value of contents for carriage (i.e. Max Bill)
 Value of Goods:
 Type of Consignment:
 Consignment Number:

Mode: **Surface** Air cargo Express
 Charges:
 Total Weight:
 Number of Packages:
 Insurance:
 Signature:
 Date: **2/4/22**

Receiver's Name:
 Receiver's Address:
 City:
 State:
 ZIP:
 PIN Code:
 Signature:
 Date: **04 OCT 2020**



NISHANATH

110006

DELHI

71424255

K ROSABAI

9/9/22

dtcd / dtcd / dtcd

dtcd / dtcd / dtcd

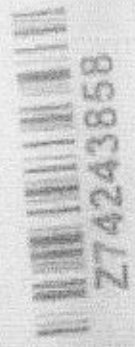
dtcd / dtcd / dtcd

MANDEEP

CHANDI GUARDH

KRUSHAMI

160047



274243858

9/4/02

Pouch Num

dtcd / dtcd / dtcd

dtcd / dtcd / dtcd

dtcd / dtcd / dtcd

Pick-up Ref No

KRUSHAMI

PIA Code

Item	Quantity	Weight	Value
Paper Work Enclosures	10	1.0	10.0
Other	0	0.0	0.0
Total	10	1.0	10.0

Paper Work Enclosures

Account

dtcd / dtcd / dtcd

Express

Air cargo

dtcd / dtcd / dtcd

dtcd / dtcd / dtcd

dtcd / dtcd / dtcd

dtcd / dtcd / dtcd

dtcd / dtcd / dtcd

dtcd / dtcd / dtcd

dtcd / dtcd / dtcd

dtcd / dtcd / dtcd

dtcd / dtcd / dtcd

dtcd / dtcd / dtcd

dtcd / dtcd / dtcd

dtcd / dtcd / dtcd

dtcd / dtcd / dtcd

Recipient's Designated Name

Company Name & Address

Recipient's Designation

Description of Contents

The Special Value of Consignment for Insurance

Type of Consignment (Priority)

Consignment Number

Recipient's Name

Relationship

Ph. No.

Company Stamp & Signature

TIME

TIME

TIME

TIME

TIME

TIME

TIME

TIME

TIME

TIME

TIME

TIME

TIME

TIME

COPI SEQUENCE 1 OF 4
 COPY 2 (10 x 4.00)
 11/11/11

dtc DTDC Express Limited
 dtcdc / itc Pouch Num: 10111

Sender's (Consignor) Name: **K ROSHEND**
 Company Name & Address: **GROA**
 City: **RODOLFO**
 State: **GOA**
 PIN Code: **403501**

Receiver's (Consignee) Name: **RODOLFO**
 Company Name & Address: **GOA**
 City: **RODOLFO**
 State: **GOA**
 PIN Code: **403501**

Sender's GSTIN: **274243860**
 Receiver's GSTIN: **274243860**

History of consignment	Box	Non-Box	Total No. of Pcs	Weight (kg)
1	100 x 100	100 x 100	100	10
2	100 x 100	100 x 100	100	10
3	100 x 100	100 x 100	100	10

Mode: **Surface** | **Air cargo** | **Express**
 Paper Work Enclosures: **Yes**

The Total Value of consignment for carriage / E-Way bill: **₹ 100000**
 Type of consignment (Please check): Commercial Non-Commercial

Consignment Number: **274243860**

Receiver's Name: **RODOLFO**
 Relationship: **Customer**
 PA. No.: **274243860**
 Consignment Stamp & Signature: **2/4/12**
 DD: **02** / **04** / **12** TIME: **10:00 AM**

DTDC Express Limited
 10111
 274243860

Express Limited
No. 10, Victoria Road
Chennai - 600 002

dtcd lite
dtcd lite

Pouch Num:

ORIGIN:

DEST:

Note: Subject to Bengalore Jurisdiction

Please refer to all the terms & conditions printed over leaf of this consignment note before tendering it.

State: **KRISHNA**
Pick-up Ref. No:

Recipient's (Consignee) Name:

Company Name & Address: **NANGIA**

City: **NOIDA**

Recipient's GSTIN*: **201304**

State: **KRISHNA** PIN Code:

Box	Non-Box	Total Num Pcs	Actual Wt.	kg
cm X H	cm X	Pcs	kg	
cm X H	cm X	Pcs	kg	
cm X H	cm X	Pcs	kg	

Description of Content

The Total Value of consignment for carriage / E-Way bill

Carrier: **dtcd lite** Paper Work Enclosures

Type of consignment (Please ✓)

Commercial Non-Commercial

Value Added Services

Not Applicable

Air cargo Express Charges Amount

Consignment Number:



Charges	Amount
a) Land levies, Oct PSC + Taxes	
b) Value Added Service Charges	
c) Fuel Surcharge	
d) Total amount (a+b+c)	

Means of Payment: Cash Card Wallet

Receiver's Name:

Relationship:

Ph. No.:

Company Stamp & Signature:

DD MM YY TIME

Branch / Franchisee Code: **11/4/22**
Consignor Signature

A 10% discount will be made on the total amount payable, when requested.

Express Limited
Ice No-3 Victoria Road
TU - 540047

dtc lite

Pouch Num:

ORIGIN

Note / Subject to Bengaluru Jurisdiction. Please refer to all the terms & conditions printed overleaf of this consignment note. Note Subject to Bengaluru Jurisdiction. Pick-up Ref. No:

Ph:

Krishna

State:

PIN Code:

City:

Recipient's GSTIN:

Delhi

Recipient's (Consignee) Name:

Shreyas V
Ashok V
V

Company Name & Address:

Total Num Pcs:

Non-Dox

Actual Wt. Pcs

Volumetric Wt. Pcs

Chargeable Wt. Pcs

Paper Work Enclosures

Carrier

Air cargo Express

Charges

Amount (₹)

Consignment Number

774244297

a) Total Incl. Of PSC + Tax

b) Value Added Service Charges

c) Risk Surcharge

d) Total amount (a+b+c)

Some charges are subject to GST & other laws & regulations

Mode of Payment: Cash Card Wallet

Booking Branch / Franchise Code

Receiver's Name

Relationship

PN No.

Company Stamp & Signature

Counter Signature

AM/PM

16/4/22

412

Express

Paper Work Enclosures

Non-Docs	PCS	Actual wt.	kg
	PCS	Maximum wt.	kg
	PCS	Component wt.	kg
Total Maximum Pcs.			

Pin Code:

Krishna

Pick-up Ref. No.:

Please refer to R1 for terms & conditions printed on the back of this form.

dtc lire

Pouch Num.

00101M

00101

Recipient's Company Name

U/S Krishna

Company Name & Address

Madan Mohan

City:

Hyderabad

Recipient's Address

Consignment Number

274244298



Sender's Name

Recipient's Name

By Whom

Sender's Signature

Sender's Address

City

State

Pin Code

Phone No.

Mobile No.

E-mail ID

Website

Remarks

Sender's (Consignor) Name: **Krisoml**
 Company Name:
 Address:
 State: **HP** Pin Code: **172001**

Receiver's (Consignee) Name: **Atul Pathak**
 Company Name: **Atul Dixit**
 Address: **Cher St. Up** State: **UP** Pin Code: **261001**

Parcel's GSTIN*

Sl. No.	Description of Consignment	Qty	Unit	Weight (kg)	Value (Rs)
1
2
3

The Total Value of consignment for carriage (E-Way bill) Value Added Services (Please ✓)

Type of consignment (Please ✓)

Commercial Non Commercial

Consignment Number: **V93081367**

Sender's Signature: **20/4/22**

Receiver's Name: **COMPANY**

Relationship: **SEAL**

Company Stamp & Signature:

Ph No.:

Time: **AM/PM**

Value Added Services (Please ✓)

SECURE PACK PASSPORT GDO

SUNDAY PLUS OFFICE DELIVERY

Barcode: **V93081367**



Express Mail®

Sender's Name: **dtde**

Sender's (Company) Name:
Company Name & Address:
Rishi Suman

City: **Calcutta** State: **India**

ZIP Code:

Number of consignments: **01**
1. Qty: **01** S/B: **01** Net Weight: **0.10** Gross Weight: **0.10**
2. Qty: **01** S/B: **01** Net Weight: **0.10** Gross Weight: **0.10**
3. Qty: **01** S/B: **01** Net Weight: **0.10** Gross Weight: **0.10**

Insurance: Insured Carrier Paper Work Enclosures

Mode: Surface Air cargo Express

Signature: **Rishi Suman** Title: **Director**
Address:
Street:
City:
State:
Country: **India**

Sender's Name: **dtde**
Company Name & Address:
City: **Calcutta** State: **India**

ZIP Code: **700001**

Phone No.:

Business Branch / Postoffice:

Country: **India**

Recipient's (Company) Name:
Company Name & Address:

City:

State:

ZIP Code:

Recipient's ZIP Code:

Description of Contents:

Value of contents:

Time of receipt: **10:00 AM**

Consignment Number: **276111000**

Receiver's Name:

Address:

City:

State:

ZIP Code:

Country:

Phone No.:

Business Branch / Postoffice:

Country:

Company Name & Address:

City:

State:

ZIP Code:

Country:

Phone No.:

Business Branch / Postoffice:

Country:

276111000

DTDC Express Limited
 dtdc *like* Pouch Num: **dtcd like**

Sender's Name: **KRISHNA PD** Pick-up Ref. No:
 Sender's Address: **Gen** State: PIN Code:
 Recipient's (Consignee) Name: **MIPUM GOEL**
 Recipient's Address: **Deeky - 110007** State: PIN Code:

Encasement	Dox	Non-Dox	Total Num Pcs	Actual Wt	Value
cm X H	cm X	cm X	Pcs	kg	
cm X B	cm X H	cm X	Pcs	kg	
cm X B	cm X H	cm X	Pcs	kg	

Owner: Carrier: Paper Work Enclosures:
 Surface: Air cargo Express

The Total Value of consignment for carriage / E-Way bill
 Value Added Services - Not Available

Type of consignment (Please tick):
 Commercial Non-Commercial

Consignment Number: **275110953**

Receiver's Name: _____
 Relationship: _____
 Ph. No.: _____
 Company Stamp & Signature: _____
 Date: **10/04/22** Time: **AM/PM**

Value of Goods: _____
 CN Expiry DL: _____

PTDC Express Limited
10000 Highway 7, Richmond, BC V6V 1K6
Tel: (604) 273-8888 Fax: (604) 273-8889

dtde / dg

Proach Name

Sender's Code

Post Net No.

Sender's Name
KRISONTI

Sender's Address
642

Post Code

Weighted Box

Box No.

Actual Weight

Volume

Value

Insurance

Signature

Signature

Signature

Signature

Signature

Signature

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Signature

Signature

DEB

POSTAGE

Receiver's Name
Mr. Ravi

Receiver's Address
Dubai 1100026

Receiver's Post Code

Receiver's City

Receiver's Country

Receiver's Phone No.

Receiver's Fax No.

Receiver's E-mail

Receiver's Business

Receiver's Signature

Receiver's Signature

Receiver's Signature

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Receiver's Signature

Receiver's Signature



275110954

20/04/20
Ravi

TO NO. TT TIME



DTDC 275110955



DTDC Express Limited
 Regd Office No. 3, Sector Road
 Bangalore - 560017

dttdc lite

Sender's Name: **KRUSON** PIN Code: **560017**

Sender's Address: **Delcy - 110026** State: **Delcy**

Pick-up Ref. No.:

Recipient's Name: **ADITYA** PIN Code: **560017**

Recipient's Address: **Delcy - 110026** State: **Delcy**

Recipient's City: **Delcy**

Recipient's PIN Code: **110026**

Value of Goods:

The Total Value of consignment for carriage / E-Way Bill: **₹**

Type of consignment: Parcel New Arrivals

Consignment Number: **275110955**

Relationship: **Banking Branch**

Company Stamp & Signature: *[Signature]*

Time: **AM/PM**

Dimensions	Dox	Non-Dox	Total Num Pcs	Actual Wt	Volume Wt	Chargeable Wt
cm X cm X cm	<input type="checkbox"/>	<input type="checkbox"/>	Pcs	kg	kg	kg
cm X cm X cm	<input type="checkbox"/>	<input type="checkbox"/>	Pcs			
cm X cm X cm	<input type="checkbox"/>	<input type="checkbox"/>	Pcs			

Charges: Parcel Parcel Parcel

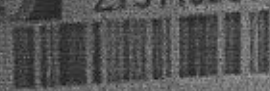
Amount(₹):

Banking Branch: **Delcy**

Course: **Delcy**

Signature: *[Signature]*

DTDC Z75110956



DEST.
 Destination Code

ORIGIN
 Origin Code

Pouch Num:

dtcd lite
 dtcd lite

DTDC Express Limited
 Head Office: No. 3, Victoria Road, Bangalore, 560042

Pick-up Ref. No:

Sender's Code:

Consignor's Name: **KRUSUNIP**

Company Name & Address: **Agan.**

State: **KA** PIN Code: **560042**

Value of Goods:

Recipient's GSTIN*:

City:

State:

City:

State:

PIN Code:

Value of Goods:

Description of Content:
 The Total Value of consignment for carriage / E-Way Bill

Weight	Actual Wt	Volume Wt	Chargeable Wt	Total Num Pcs
cm X H	kg	kg	kg	kg
cm X H	kg	kg	kg	kg
cm X H	kg	kg	kg	kg

Type of consignment (Household / Commercial / Industrial / Agricultural / Other)

Consignor's Name: **Agan.**

Consignment Number: **Z75110956**

Amount (C)

Charges:
 1. Total price of DTDC charges
 2. Value Added Tax charges
 3. GST on Services
 4. Total amount to be paid

Mode of Payment: Cash Card Wallet

Address: **20/04/22**

Signature: **[Signature]**

Carrier Signature: **[Signature]**

Company Stamp & Signatures:

Relationship:
 Ph. No.
 Company Stamp & Signatures:

Time:
 AM/PM

The Express Limited
Express No. 123456789

dtcd / dtcd

Pouch Num:

ORIGIN:

Please refer to all the terms & conditions printed overleaf of this consignment note before tendering a consignment to DTDD

Sender's Name: State / Subject to Bengturu Jurisdiction. Please refer to all the terms & conditions printed overleaf of this consignment note before tendering a consignment to DTDD

Pick-up Ref. No:

Sender's Name: **KuilsuMI**
State: **Mumbai**
PIN Code: **400001**

Recipient's (Consignee) Name: **The Manager**
Company Name & Address: **Industrial Bank Ltd**
City: **Mumbai**
State: **Mumbai**
PIN Code: **400001**

Weight	Box	Non-Box	Total Num Pcs	Actual Wt.	Value of Goods
KG	cm X	cm X	Pcs	kg	
KG	cm X	cm X	Pcs	kg	
KG	cm X	cm X	Pcs	kg	

Owner: **Carrier**

Mode: **Air cargo** / **Express**

Charges: **Amount**
 a) Terminal CH-FSC + Insur
 b) Actual Address Service Charge
 c) Fuel Surcharge
 d) Security
 e) Other charges are inclusive of GST @ 18% (other than 7% applicable to certain goods)
 Mode of Payment: **Cash** / **CCP** / **Working**

Consignment Numbers: **23/4122**

Receiver's Name: **COMPANY**

Relationship: **Special**

Company Stamp & Signature: **DD** **MM** **YY** **TIME** **AM/PM**

Barcode: **274243745**

Additional information and notes at the bottom of the form, including a large handwritten number **23/4122** and a signature.

dtcd

Pouch Num:

ORIGIN:

DEST:

Pick-up Ref. No.

Ph. Kuniyumi

Recipient's (Consignee) Name: Puneet Takyan

Company Name & Address:

State: _____
PIN Code: _____

City: _____
Recipient's GSTIN*: 61WV

State: _____
PIN Code: 14002

Value of Goods

Description of Content

Weight	Volume	Dimensions	Weight
kg			kg
kg			kg
kg			kg

Paper work Enclosures

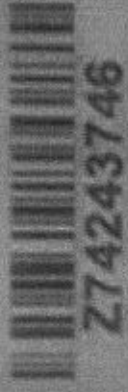
The Total Value of consignment for carriage / E-Way bill

Type of consignment (Please /)

Value Added Services

Charges Amount(₹)

Air cargo Express



274243746

Consignment Numbers

22/1/22

Receiver's Name:

Relationship

Ph. No.

Company Stamp & Signature

Signature

Date


KRISUMI

TARUN

Recipient's (Consignee) Name: **TARUN**
 Company Name:
 Address:
 City: State: PIN Code:
 Recipient's GSTIN:
 Description of Content:
ALIGNAN 226020
 The Total Value of consignment for carriage / E-Way bill: **₹**

Recipient's (Consignor) Name:
 Company Name:
 Address:
 City: State: PIN Code:
 Recipient's GSTIN:
 Description of Content:
ALIGNAN 226020
 The Total Value of consignment for carriage / E-Way bill: **₹**

7.1.1 Bill Transportation Charges to 7.1.2 Bill Duties & Taxes to
 Sender: Recipient: That Party:
 (Indicate the party liable for the charges) Cash number above must be inserted Code
 7.7 Mode: Surface Air Express
 Consignment Number:

Paper Work Enclosures
 Value Added Services
SECURE PACK (P)
 Sender's Signature: 
 Date: Time: AM/PM
 Carrier Signature:



COMPANY SEAL

Company Stamp & Signature

2020/4/22

Ps. No.

Date

Carrier Signature

DTDC DTDC Express Limited
 100, Park Street, Chennai - 600 005
 044-24234000
 www.dtdc.co.in

Priority
 Please refer to all the terms & conditions printed elsewhere in this consignment form which is subject to DTDC's Standard Conditions of Carriage.

Sender's Details:
 Sender's Name: KRISUMI
 Company Name:
 Address:
 City:
 State:
 PIN Code:

Recipient's Details:
 Recipient's (Consignee) Name: SALIMA A
 Company Name:
 Address: 160001
 City:
 State:
 PIN Code:
 Recipient's GSTIN:

Consignment Details:
 Description of Content: CHAN DIGARMA
 Value of Goods:
 The Total Value of consignment for carriage / E-Way bill:

Sl. No.	Quantity	Weight (kg)	Dimensions (cm)	Value (Rs)
1	1	1.5	20x20x20	1500
2	1	1.5	20x20x20	1500
3	1	1.5	20x20x20	1500

7.1 Bill of Lading/Invoice
 7.1.1 Bill Transportation Charges to: 7.1.2 Bill Duties & Taxes to:
 Sender: Recipient: Paid Cash: Sender: Recipient: Paid Cash:
 (All amounts shall be in words and figures)
 7.2 Mode: Surface Air Cargo Express:
 Consignment Number:

0 Paper Work Enclosures
 Value Added Services: SECURE PACK 9.1
 Sender's Signature: 98/4/22
 Date: 22/04/22
 Time: AM/PM

7.3 Receiver's Name:
 Relationship:
 Company Stamp & Signature:
 Ph. No.:
 Date: / /

Carrier's Signature:
 Date: / /
 Time: AM/PM



COMPANY SEAL

DTDC Express Limited Regd Office No. 3 Victoria Road Bangalore - 560027 dtcd lite Bangalore - 560027		Pouch Num: _____ ORIGIN: _____ DEST: _____	
Non Negotiable Consignment Note / Subject to Bangalore Jurisdiction Please refer to all the terms & conditions printed overleaf of this consignment note before tendering a consignment to DTDC			
Date: _____ Sender's Code: _____ Pick-up Ref. No: _____		Recipient's (Consignee) Name: _____ Ph: _____ Company Name & Address: _____ City: _____ State: _____ PIN Code: _____ Recipient's GSTIN*: _____	
Sender's (Consignor) Name: _____ Ph: _____ Company Name & Address: _____ City: _____ State: _____ PIN Code: _____ Sender's GSTIN*: _____		Description of Content: _____ Value of Goods: _____ The Total Value of consignment for carriage / E-Way Bill: ₹ _____	
Nature of consignment: <input type="checkbox"/> Dox <input type="checkbox"/> Non-Dox <input type="checkbox"/> Total Num Pcs: _____ L cm X B cm X H cm X Pcs Actual Wt. kg L cm X B cm X H cm X Pcs Volumetric Wt. kg L cm X B cm X H cm X Pcs Chargeable Wt. kg		7 Type of consignment (Please ✓) Commercial <input type="checkbox"/> Non-Commercial <input type="checkbox"/> 8 Value Added Services - Not Available <input type="checkbox"/> CN Expiry Dt.: _____	
5 Coverage: <input type="checkbox"/> Owner <input type="checkbox"/> Carrier <input type="checkbox"/> 6 Paper Work Enclosures Mode: <input type="checkbox"/> Surface <input type="checkbox"/> Air cargo <input type="checkbox"/> Express <input type="checkbox"/> 10 Charges Amount(₹) a) Fuel Incl. DTDC + Tareal b) Value Added Service Charges c) Risk Surcharge d) Total amount (Incl'd) Note: Charges are inclusive of GST & other taxes if applicable Mode of Payment: Cash <input type="checkbox"/> Card <input type="checkbox"/> Wallet <input type="checkbox"/> 12 Booking Branch / Franchise Code Courier Signature: _____		Consignment Number: 775111221 13 Receiver's Name: _____ Relationship: _____ Ph. No.: _____ Company Stamp & Signature: _____ DD MM YY TIME AM/PM	
We declare that this consignment does not contain personal mail, cash, jewellery, contraband, drugs, any prohibited items and commodities which can cause safety hazards while transporting. The value of goods is true and accurate.			
Time: _____ AM/PM Note: This is not a tax invoice. A tax invoice will be made with channel partner as the case may be, upon request.			
URL: http://tinyurl.com/tovgbbv Email: customersupport@dtcd.com Call: 07305770577 Visit us: www.dtcd.in SENDER COPY OCT 2020 Release			

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DOORSTEP PICK UP SECURED DELIVERY



DTDC Express Limited Regd Office No. 3 Victoria Road Bangalore - 560027 dtcd lite Bangalore - 560027		Pouch Num: _____ ORIGIN: _____ DEST: _____	
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We declare that this consignment does not contain personal mail, cash, jewellery, contraband, drugs, any prohibited items and commodities which can cause safety hazards while transporting. The value of goods is true and accurate.			
Time: _____ AM/PM Note: This is not a tax invoice. A tax invoice will be made with channel partner as the case may be, upon request.			
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DTDC Express Limited Regd Office No. 3 Victoria Road Bangalore - 560027 dtcd lite Bangalore - 560027		Pouch Num: _____ ORIGIN: _____ DEST: _____	
Non Negotiable Consignment Note / Subject to Bangalore Jurisdiction Please refer to all the terms & conditions printed overleaf of this consignment note before tendering a consignment to DTDC			
Date: _____ Sender's Code: _____ Pick-up Ref. No: _____		Recipient's (Consignee) Name: _____ Ph: _____ Company Name & Address: _____ City: _____ State: _____ PIN Code: _____ Recipient's GSTIN*: _____	
Sender's (Consignor) Name: _____ Ph: _____ Company Name & Address: _____ City: _____ State: _____ PIN Code: _____ Sender's GSTIN*: _____		Description of Content: _____ Value of Goods: _____ The Total Value of consignment for carriage / E-Way Bill: ₹ _____	
Nature of consignment: <input type="checkbox"/> Dox <input type="checkbox"/> Non-Dox <input type="checkbox"/> Total Num Pcs: _____ L cm X B cm X H cm X Pcs Actual Wt. kg L cm X B cm X H cm X Pcs Volumetric Wt. kg L cm X B cm X H cm X Pcs Chargeable Wt. kg		7 Type of consignment (Please ✓) Commercial <input type="checkbox"/> Non-Commercial <input type="checkbox"/> 8 Value Added Services - Not Available <input type="checkbox"/> CN Expiry Dt.: _____	
5 Coverage: <input type="checkbox"/> Owner <input type="checkbox"/> Carrier <input type="checkbox"/> 6 Paper Work Enclosures Mode: <input type="checkbox"/> Surface <input type="checkbox"/> Air cargo <input type="checkbox"/> Express <input type="checkbox"/> 10 Charges Amount(₹) a) Fuel Incl. DTDC + Tareal b) Value Added Service Charges c) Risk Surcharge d) Total amount (Incl'd) Note: Charges are inclusive of GST & other taxes if applicable Mode of Payment: Cash <input type="checkbox"/> Card <input type="checkbox"/> Wallet <input type="checkbox"/> 12 Booking Branch / Franchise Code Courier Signature: _____		Consignment Number: 775111222 13 Receiver's Name: _____ Relationship: _____ Ph. No.: _____ Company Stamp & Signature: _____ DD MM YY TIME AM/PM	
We declare that this consignment does not contain personal mail, cash, jewellery, contraband, drugs, any prohibited items and commodities which can cause safety hazards while transporting. The value of goods is true and accurate.			
Time: _____ AM/PM Note: This is not a tax invoice. A tax invoice will be made with channel partner as the case may be, upon request.			
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DTDC Express Limited
Bangalore - 560047

dtcd lite

Pouch Num:

ORIGIN

DEST:

on Regulated Consignment Note / Subject to Bengali JV regulations. Please refer to all the terms & conditions printed over of this consignment note for the service and a service agreement is DTDC

Sender's Code:

Pick-up Ref. No:

Sender's (Consignor) Name:
Company Name & Address:

KRUSHAM^{PH}

Recipient's (Consignee) Name:
Company Name & Address:

TEJ KARAN

City:

State:

City:

Sender's GSTIN¹:

PIN Code:

Recipient's GSTIN¹:

PIN Code:

Nature of consignment	Box	Non-Box	Total Num Pcs	Weight
M 1	cm X B	cm X H	Pcs	kg
M 2	cm X B	cm X H	Pcs	kg
M 3	cm X B	cm X H	Pcs	kg

Paper Work Enclosures

Mode: Surface Air cargo Express

Amount (R)

Charges

of Total Inc. DTDC + Based

of Value Actual Service Charges

of Risk Surcharge

of Total amount to be paid

Notes: charges are exclusive of GST & other taxes if applicable

Mode of Payment: Cash Carry Bank

Banking Branch / Franchise Code

Description of Content

BIKANE R

Value of Goods

Type of consignment (Please tick)

Value Added Services Not Available

CK Expiry Dt:

Consignment Number:



Z74243850

Receiver's Name

Recreation

Ph. No.

Company Stamp & Signature

Receiver's Signature

9/4/22

AM/PM

DD MM YY TIME AM/PM

DTDC Bangalore - 560047

DTDC Express Limited
 Head Office: No. 3, Vikrama Road
 Bangalore - 560017

dtcd lite

Pouch Num: _____

ORIGIN: _____

DEST: _____

Sender's Code: _____

Pick-up Ref. No: _____

Sender Name: **KRUSHNA**

Address: _____
 State: _____ PIN Code: _____

Recipient's (Consignee) Name: **SANTOSH**

Company Name & Address: _____

City: _____

State: _____

122009

PIN Code: _____

Recipient's GSTIN*: _____

Unit	Dox	Non-Dox	Total Num Pcs	Actual Wt.	kg
	cm X H	cm X	Pcs		
	cm X H	cm X	Pcs	Volumetric Wt.	kg
	cm X H	cm X	Pcs	Chargeable Wt.	kg

Description of Content

GCN

Value of _____

The Total Value of consignment for carriage / E-Way bill ₹ _____

Owner: _____ Carrier: _____

Paper Work Enclosures _____

Type of consignment (Please ✓)
 Commercial NonCommercial

Value Added Services - Not Available

CH Expiry Dt: _____

Air cargo Express

Charges Amount(₹)

- a) Tariff Incl. DI FSC - Taxes
- b) Value Added Service Charges
- c) Risk Surcharge
- d) Total amount (a+b+c)

These charges are inclusive of GST & other taxes if applicable

Mode of Payment: Cash Card Wallet

Banking Branch / Franchisee Code _____

Consignment Number: _____



274243859

14/12
 Time: _____ AM/PM

Receiver's Name: _____

Relationship: _____

Ph. No.: _____

Courier Signature _____

Company Stamp & Signature: _____

DD ____ MM ____ YY TIME _____

If a tax invoice is issued, a tax invoice will be made for partner as the case may be, upon request.

1988 Express Journal **8100118** **8100118**
 Number's Code: **KROSHAMJ** **RAJAT**
 Name: **KAPUR**
 Date: **12/20-2**
 Value of Goods: **1220-2**
 Air Cargo Express: **12/20/82**
 Barcode: **274243886**

Item	Qty	Unit	Value	Weight	Volume
1	1	Box	1220.00		
2	1	Box			
3	1	Box			
4	1	Box			

Total Weight: **1220.00**
 Total Volume: **1220.00**
 Total Value: **1220.00**

Pouch Num

dt/dc

dt/dc

Pick-up Ref. No.

Pick-up Ref. No.

Karlsum

One Staff

Parcel

6109

Item	Qty	Unit	Value	Weight
1	1	kg		
2	1	kg		
3	1	kg		

40386

Paper Work Envelope

The Total Value of engagement for ...

Signature

Engagement Number

Company Name & Signature



275111105

28/11/12

dt/dc

Company Name & Signature

ORIGIN ID:GUXA 9717584155
TAKAHIRO YAMAZAKI
TAKAHIRO YAMAZAKI
FLAT NO. CTE 212 321TH FLOOR
DLF THE CRET CHAKARPUR
GGN, HR 122001
INDIA, IN

SHIP DATE: 18APR22
ACTWGT: 0.50 KG
CAD: 111508734/WSX13600

BILL SENDER
EIN/VAT:

TO **SUMITOMO CORPORATION.**

81362855809

MAI TOMINAGA
OTEMACHI PLACE EAST TOWER
3-2 OTEMACHI 2- CHOME, CHIYODA-KU
TOKYO, 1008601
JAPAN, JP

FedEx
Express

(JP)

AWB



J221922010520uv



Y4 CTST8

EWO
PKG:PAK

TRK# 2721 1367 0000 Form 0430

PM

IP EOD

REF: SU18515/VIN0D
DESC1:CHEQUE BOOK
DESC2:
DESC3:
DESC4:

COUNTRY MFG: IN
CARRIAGE VALUE:
CUSTOMS VALUE: 100.00 INR

SIGN: TAKAHIRO YAMAZAKI
T/C: S 993002992
D/T: R

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