

DELHIVERYCreated Date: 09/01/26
Pickup Date: 09/01/26**295317262**

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SHIPMENT PICKED FROM: **SELF DROP** SHIPMENT DELIVERED TO: **SELF COLLECT** Shipper's Name: **INDRARAJPSOLANKIRP B2BR**Recipient's Name: **T T N TEXTILE SPINNERS**

Shipper's phone no:

Recipient's phone no.:

Street Name: **43/45, V V CHANDAN STREET, MASJID BUNDER WEST**Street Name: **126/1 RETTAL VAIKKAL ERODE ROAD SALANGAPALAYM PO KAVINDAPADI**City: **Mumbai** State: **Maharashtra** Postal Code: **400003**City: **Erode** State: **Tamil Nadu** Pincode: **638455**

GSTIN:

GSTIN: **URP****SHIPMENT INFORMATION**

Address/Store Code:

SHIPPER'S REFERENCE NO.: **oid202601091803111**MOT: **Road**
ROV: **BY SHIPPER****POD REMARKS**INVOICE NO.: **2785**EWBN : **262114798600**Freight Payment: **FoP**
Invoice Value Payment:
Pre-paid**ALL OKAY** **SHORT BOX?** Date of receipt:TOTAL INVOICE VALUE: **66013.0**MASTER AWB:
19865210086774POD on Invoice: **Not required**

If yes, number of short boxes: _____ Time of receipt:

BOXES x DIMENSION (LxWxH) cm

ACTUAL WEIGHT(kg)

SAID TO CONTAIN

1 Box: 38x22x14**17.01****BEARING**

RECEIVER'S SIGN:

9688117222**DAMAGED CONTENT?** **ITEMS MISSING IN RECEIVED BOXES?** **STAMP/SEAL:**

If yes, number of boxes having damaged content: _____

If yes, mention the AWB no(s) of boxes having pilferage:

If yes, number of short items: _____

Please describe the short items:

**OR, phone no in lieu of stamp:**TOTAL NUMBER OF BOXES: **1**

REQUIRED SIGNATURE - ORIGIN:

DELHIVERY EMP ID:.....

SHIPPER'S SIGN:.....

DELHIVERY LIMITEDREGISTERED OFFICE: **N24-N34, S24-S34, Air Cargo Logistics Centre-II, Opposite**

Gate 6 Cargo Terminal, IGI Airport, New Delhi, India (110037)

TRANSPORTER ID: **06AAPCS9575E1ZR**CIN No: **U63090DL2011PTC221234**PAN: **AAPCS9575E****SPOTON LOGISTICS PVT LTD (Formerly Startrek Logistics Pvt Ltd)**REGISTERED OFFICE: **Thanavan, 23/24, Infantry Road, Bengaluru, India (560001)**TRANSPORTER ID: **29AAQCS5815Q1Z1**CIN No: **U63090GJ2011PTC108834**PAN: **AAQCS5845Q****Document Type: LM POD**
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