

DELHIVERYCreated Date: 13/01/26
Pickup Date: 13/01/26**295452175**

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SHIPMENT PICKED FROM: **SELF DROP** Shipper's Name: **STARKENTERPRISE8RP B2BR**

Shipper's phone no:

Street Name: **43/45, V V CHANDAN STREET, MASJID BMDER WEST**City: **Mumbai** State: **Maharashtra** Postal Code: **400003**

GSTIN:

SHIPMENT INFORMATIONSHIPPER'S REFERENCE NO.: **oid202601131802191**MOT: **Road**
ROV: **BY SHIPPER**INVOICE NO.: **2849**EWBN : **202117298758**Freight Payment: **FoP**
Invoice Value Payment: **Pre-paid**TOTAL INVOICE VALUE: **59472.0**MASTER AWB:
27189310522045POD on Invoice: **Not required**

BOXES x DIMENSION (LxWxH) cm

ACTUAL WEIGHT(kg)

SAID TO CONTAIN

1 Box: **40x24x21**
1 Box: **40x38x22****68.74****BEARING**TOTAL NUMBER OF BOXES: **2**

REQUIRED SIGNATURE - ORIGIN:

DELHIVERY EMP ID:.....

SHIPPER'S SIGN:.....

SHIPMENT DELIVERED TO: **SELF COLLECT** Recipient's Name: **PRAKASH GEARS**

Recipient's phone no.:

Street Name: **E 51 SIDCO INDUSTRIAL ESATE COIMBATORE**City: **Coimbatore** State: **Tamil Nadu** Pincode: **641021**GSTIN: **URP**

Address/Store Code:

POD REMARKSALL OKAY SHORT BOX?

Date of receipt:

If yes, number of short boxes: _____

Time of receipt:

RECEIVER'S SIGN:

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:



DELHIVERY LIMITED

REGISTERED 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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