



DELHIVERY				Created Date: 04/02/26 Pickup Date: 04/02/26	296261237  <small>296261237</small>	
SHIPMENT PICKED FROM:				SELF DROP <input checked="" type="checkbox"/>		
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 INFORMATION						
SHIPPER'S REFERENCE NO.: oid202602041554501				MOT: Road ROV: BY SHIPPER		
INVOICE NO.: 3125		EWBN : 262132735379		Freight Payment: FoP Invoice Value Payment: Pre-paid		
TOTAL INVOICE VALUE: 73486.0		MASTER AWB: 27189310528533		POD on Invoice: Not required		
BOXES x DIMENSION (LxWxH) cm		ACTUAL WEIGHT(kg)		SAID TO CONTAIN		
1 Box: 32x21x10 1 Box: 24x24x24		30.77		BEARING		
TOTAL NUMBER OF BOXES: 2			REQUIRED SIGNATURE - ORIGIN:			
			DELHIVERY EMP ID:.....			
			SHIPPER'S SIGN:.....			
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, Infatary Road, Bengaluru, India (560001) TRANSPORTER ID: 29AAQCS581501Z1 CIN No: U63090GJ2011PTC108834 PAN: AAQCS5845Q		
SHIPMENT DELIVERED TO: SELF COLLECT <input type="checkbox"/>						
Recipient's Name: SAINSONS PAPER INDUSTRIES PVT LTD						
Recipient's phone no.:						
Street Name: PLOT NO 5 VILL BAKHLIPEHOWA KURUSHETRA						
City: Pehowa		State: Haryana		Pincode: 136128		
GSTIN: URP						
Address/Store Code:						
POD REMARKS						
ALL OKAY		<input checked="" type="checkbox"/> SHORT BOX?		<input type="checkbox"/> Date of receipt: 10/02/26. <input type="checkbox"/> Time of receipt: 12:10. Receiver's Sign: <i>Saheli</i>		
		If yes, number of short boxes: _____				
DAMAGED CONTENT? <input type="checkbox"/>		ITEMS MISSING IN RECEIVED BOXES? <input type="checkbox"/>		STAMP/SEAL:		
If yes, number of boxes having damaged content: _____		If yes, mention the AWB no(s) of boxes having pilferage: _____		SAINSONS PAPER INDUSTRIES PVT LTD. Material Qty. Checked.....Dt..... Material Qty. Checked Sec.....Dt..... Quality Checked.....Dt.....		
		If yes, number of short items: _____		OR, phone no in lieu of stamp: 9138959535		
		Please describe the short items: _____				
Document Type: LM POD Printed on 10-Feb-2026 9:11 AM						

2 Box Received

For terms and conditions visit www.delhivery.com