




DELHIVERY				Created Date: 24/02/26 Pickup Date: 24/02/26	300686155				
SHIPMENT PICKED FROM:				SELF DROP <input checked="" type="checkbox"/>					
Shipper's Name: KRISHNAENTERPRISENEW RP B2BR				SHIPMENT DELIVERED TO:					
Shipper's phone no:				Recipient's Name: ENNORE COAL TERMINAL PVT LTD					
Street Name: 43/45, V V CHANDAN STREET				Recipient's phone no.:					
City: Mumbai		State: Maharashtra		Postal Code: 400003		Street Name: S NO 143 PUZHIDHIVAKKAM VILLAGE NEAR NCTPS QUARTERS VALLUR POST CHENNAI			
GSTIN:				City: Chennai					
SHIPMENT INFORMATION				State: Tamil Nadu		Pincode: 600120			
SHIPPER'S REFERENCE NO.: oid202602241550051			MOT: Road			GSTIN:			
			ROV: BY SHIPPER			Address/Store Code:			
INVOICE NO.: IS1241		EWBN :		Freight Payment: FoP					
				Invoice Value Payment: Pre-paid					
TOTAL INVOICE VALUE: 19583.0		MASTER AWB: 18273810183842		POD on Invoice: Not required					
BOXES x DIMENSION (LxWxH) cm		ACTUAL WEIGHT(kg)		SAID TO CONTAIN					
1 Box: 38x22x21		30.22		BEARING					
TOTAL NUMBER OF BOXES: 1			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, Infantry Road, Bengaluru, India (560001) TRANSPORTER ID: 29AAQCS5815Q1Z1 CIN No: U63090GJ2011PTC108834 PAN: AAQCS5845Q				Document Type: LM POD Printed on 05-Mar-2026 12:17 PM	
For terms and conditions visit www.delhivery.com				ALL OKAY <input type="checkbox"/> SHORT BOX? <input type="checkbox"/> Date of receipt: _____ If yes, number of short boxes: _____ Time of receipt: _____ RECEIVER'S SIGN: _____					
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: _____ If yes, number of short items: _____ Please describe the short items: _____				 OR, phone no in lieu of stamp: _____					