

DELIVERY



Created Date: 28/03/26
Pickup Date: 28/03/26

SHIPMENT PICKED FROM: SELF DROP

Shipper's Name: STARKENTERPRISE8RP B2BRC

Shipper's phone no:

Street Name: 43\45 V CHANDN STREET MAJIDBUNDR

City: Mumbai State: Maharashtra Postal Code: 400003

GSTIN:

SHIPMENT INFORMATION

SHIPPER'S REFERENCE NO.: oid202603281647571

MOT: Road
ROV: BY SHIPPER

INVOICE NO.: 521

Freight Payment: FoP
Invoice Value Payment:
Pre-paid

TOTAL INVOICE VALUE: 3507.0

MASTER AWB:
27165710761526

POD on Invoice: Not
required

BOXES x DIMENSION (LxWxH) cm

SAID TO CONTAIN

1 Box: 52x44x17
1 Box: 22x18x8

6.83

BEARING

TOTAL NUMBER OF BOXES: 2

REQUIRED SIGNATURE - ORIGIN:

DELIVERY EMP ID:.....

SHIPPER'S SIGN:.....

DELIVERY 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: U63090GJ2011IPTC108834
PAN: AAQCS5845Q

For terms and conditions visit www.delivery.com



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SHIPMENT DELIVERED TO:

SELF COLLECT

Recipient's Name: NANJI INTERGRATED DAIRY DEVELOPEMENT

Recipient's phone no.:

Street Name: 5/15 MULAGUMOODU POST KANYAKUMARI

City: Thuckalay State: Tamil Nadu Pincode: 629167

GSTIN:

Address/Store Code:

POD REMARKS

ALL OKAY

SHORT BOX?

If yes, number of short boxes: _____

Date of receipt:

Time of receipt:

RECEIVER'S SIGN:

DAMAGED CONTENT?

If yes, number of boxes
having damaged content: _____

ITEMS MISSING IN
RECEIVED BOXES?

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

STAMP/SEAL:

Nanjil Integrated Dairy
Development
Stores
Inv. No
Date: 02.04.26
Signature

If yes, number of short
items: _____

OR, phone no in lieu of
stamp:

Please describe the short
items: _____

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