

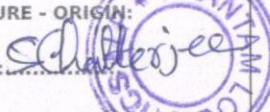
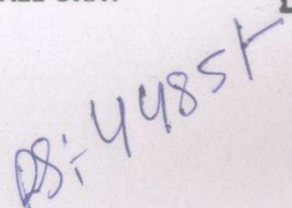


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|--|--|---|--|---|--|--|
| DELHIVERY | |  SPOTON <small>Engineered for Accuracy</small> | | Created Date: 07/04/25 Pickup Date: 08/04/25 | 280224127  | |
| SHIPMENT PICKED FROM: | | | | SELF DROP <input type="checkbox"/> | | |
| Shipper's Name: NAANTAM LOGISTICS 7525 B2B | | | | | | |
| Shipper's phone no: | | | | | | |
| Street Name: Shop No. 22, Sudha Hat Market, 5 Srinagar Main Road, New Garia | | | | | | |
| City: Kolkata | | State: West Bengal | | Postal Code: 700094 | | |
| GSTIN: | | | | | | |
| SHIPMENT INFORMATION | | | | | | |
| SHIPPER'S REFERENCE NO.: NTMB2B2484 | | | | MOT: Road ROV: | | |
| INVOICE NO.: 406 | | EWBN : | | Freight Payment: BTC Invoice Value Payment: Pre-paid | | |
| TOTAL INVOICE VALUE: 15546.0 | | MASTER AWB: 36499910000976 | | POD on Invoice: Not required | | |
| BOXES x DIMENSION (LxWxH) cm | | ACTUAL WEIGHT(kg) | | SAID TO CONTAIN | | |
| 1 Box: 167x67x29 | | 74.2 | | MULTIPURPOSE STORAGE CABINET | | |
| TOTAL NUMBER OF BOXES: 1 1 box already delivered | | | | 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 | | |
| For terms and conditions visit www.delhivery.com | | | | | | |
| SHIPMENT DELIVERED TO: SELF COLLECT <input type="checkbox"/> | | | | | | |
| Recipient's Name: Hexa Wood pvt ltd, Hexa Wood pvt ltd | | | | | | |
| Recipient's phone no.: | | | | | | |
| Street Name: Hexa Wood pvt ltd e 17 site 4 near grand venice mall Greater Noida, UTTAR PRADESH, 201310 Phone: +919716451111 | | | | | | |
| City: Noida | | State: Uttar Pradesh | | Pincode: 201310 | | |
| GSTIN: | | | | | | |
| Address/Store Code: | | | | | | |
| POD REMARKS | | | | | | |
| 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: | | |
| Document Type: SHIPPER COPY Printed on 26-Apr-2025 12:52 PM | | | | | | |