

Ship Date	Origin	Dest
12/1/20	INDIA	INDIA

(Pollachi)

1935562

Contract of Carriage

E1133237056

For Service Conditions, Please visit www.expeditors.com/NATSe

VARDANA FORMS

SHIPPER INFORMATION		
Shipper Account #		
Shipper Name (From) <i>Shaloy Engineering</i>		
Address <i>Stalinabkam</i>		
City <i>Korai</i>	State <i>TN</i>	Code <i>602002</i>
Contact	Phone	
Shipper Reference		
Payment Method <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party	If no payment method is selected, Shipper will be billed for all charges.	
THIRD PARTY INFORMATION		
Third Party Account #		
Third Party Name (To)		
Address		
City	State	Code
Contact	Phone	
Third Party Billing Reference		

CONSIGNEE INFORMATION		
Consignee Account #		
Consignee Name (To) <i>Annamallais Engineering</i>		
Address <i>16, Main St</i>		
City <i>Pollachi</i>	State <i>TN</i>	Code <i>642002</i>
Contact	Phone	
Consignee Reference		
Service Requested		Handling Information
<input type="checkbox"/> Same Day <input type="checkbox"/> Next Day <input type="checkbox"/> Second Day <input type="checkbox"/> Three Day <input type="checkbox"/> Deferred (3 to 5 days). If no service level is selected, shipment moves Next Day or actual service provided.		<input type="checkbox"/> AM Delivery <input type="checkbox"/> Guaranteed Service <input type="checkbox"/> Saturday Delivery <input type="checkbox"/> Sunday Delivery <input type="checkbox"/> Inside Delivery <input type="checkbox"/> Other
Special Instructions <i>INVOICE ME-216/1553</i>		

PIECES	DESCRIPTION	ACTUAL WEIGHT	LENGTH	WIDTH	HEIGHT
1	IC/B		25	21	25
TOTAL PIECES		TOTAL WEIGHT <i>61kg</i>			

Declared Value for Carriage
Expeditors liability for loss or damage shall be limited per the reverse hereof unless a higher amount is specified here. INR *19*

Amount of Insurance
Insurance - If insurance is requested in accordance with the conditions hereof indicate amount to be insured here. INR

International Customs Value INR

Does this shipment contain dangerous goods? ONE BOX MUST BE CHECKED

No Yes - as per attached Shippers Declaration Yes - Shippers Declaration Not Required

Shipper's Signature *ANAMALLAIS ENGINEERING (P) LTD.,*

Print Name *16, MAIN STREET, POLLACHI - 642 001. M. S. S. 17/7/24*

Date / Time *GSTIN: 33AABCA6615K1ZU*



E1133237056

Received By:

Consignee Signature

Print Name

Date Time

DELIVERY CARRIER COPY