

| Ship Date | Origin | Dest |
|-----------|--------|----------|
| 29/8/24 | MAA | POLLACHI |

Contract of Carriage

EI133239607

For Service Conditions, Please refer to:
www.expeditors.com/NATServiceCondition

SHIPPER INFORMATION

Shipper Account # _____
 Shipper Name (From) **M/s APOLLO TYRES LTD**
 Address **Penapakkam, Periyapalayam**
 City **Chennai** State **Tamilnadu** Code **601102**
 Contact _____ Phone _____

Shipper Reference **Waybill no: 541698521252**

Payment Method Prepaid Collect 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) **M/S VETRIVEL TYRE CARE**
 Address **VENKATESWARA COMPLEX KOVAI MAIN ROAD 31210 KOVAI MAIN ROAD POLLACHI.**
 City **POLLACHI** State **TAMIL NADU** Code **642001**
 Contact _____ Phone _____

Consignee Reference _____

Service Requested

Same Day
 Next Day
 Second Day
 Three Day
 Deferred (3 to 5 days)

If no service level is selected, shipment moves Next Day or actual service provided.

Handling Information

AM Delivery
 Guaranteed Service
 Saturday Delivery
 Sunday Delivery
 Inside Delivery
 Other

Special Instructions **Invoice no: 1294101099 DT: 29/8/24**

| PIECES | DESCRIPTION | ACTUAL WEIGHT | LENGTH | WIDTH | HEIGHT |
|--------|--------------------------------|--------------------|--------|-------|--------|
| 4 | RIGTHROVL TOW 1-205/60 R16 92Y | 40.32 | 205 | 60 | 16 |
| 4 | TOTAL PIECES | TOTAL WEIGHT 40.32 | | | |

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 **1315.**

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 _____
 Print Name _____
 Date / Time _____

Received By: **VETRIVEL TYRE CARE,**
 3/210, Venkateswara Complex
 Print Name **Consignee Signature**
 Kova Main Road, Opp. Cheran Nagar
 Date **POLLACHI - 642 002** Time _____