

Ship Date	Origin	Dest
28.06.24	BOM	PNY

Contract of Carriage

For Service Conditions, please refer to:
https://www.expeditors.com/Transcon_Service_Conditions

SHIPPER INFORMATION				CONSIGNEE INFORMATION			
Shipper Account # G2278265				Consignee Account # G3912057			
Shipper Name (From) HP INDIA SALES PRIVATE LIMITED				Consignee Name (To) REDINGTON (INDIA) LIMITED			
Address C/O DHL Supply Chain India Pvt Ltd ACCI Logistics Park, Sr. no. 123A,				Address RS NO 218/5&6 100FT RD SRI KRISHNA ILLAM, ECR MAIN ROAD LA			
City Navi Mumbai, M	State	Country IN	Code rashtr	City PONDICHERRY, PO PY	State	Country IN	Code
Contact Mr. Madhu		Phone 07738119996		Contact SANJEEV KUMAR KUMAR		Phone 8002587170	
Shipper Reference 00A18QBPA#ACJ, 28.06.24, 62375.3				Consignee Reference 43930, A18QBPA#ACJ, B10344985			
Payment Method <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <small>If no payment method is selected, Shipper will be billed for all charges.</small>				Service Requested Same Day		Handling Information	
THIRD PARTY INFORMATION				Special Instructions SHPR REF. 00A18QBPA#ACJ, 28.06.24, 62375.3 MHI2493919402 CNEE REF. 43930 A18QBPA#ACJ, B10344985;			
Third Party Account # G3162405							
Third Party Name (To) HP INDIA SALES PRIVATE LIMITED							
Address Commerz, 5th Floor North Side International Business Park Oberoi							
City MUMBAI, Maharas	State MH	Country IN	Code	If no service level is selected, shipment moves Next Day or actual service provided.			
Contact MANISH KISHNANI		Phone 9920534758		SHPR REF. 00A18QBPA#ACJ, 28.06.24, 62375.3 MHI2493919402 CNEE REF. 43930 A18QBPA#ACJ, B10344985;			
Third Party Billing Reference							

PIECES	DESCRIPTION	ACTUAL WEIGHT	LENGTH	WIDTH	HEIGHT
1	1 QTY		53	6	30
1	TOTAL PIECES				
		TOTAL WEIGHT	3		

Declared Value for Carriage
Expeditors liability for loss or damage shall be limited per the reverse hereof unless a higher amount is specified here \$ N.V.D.

Amount of Insurance
Insurance if insurance is requested in accordance with the conditions hereof, indicate amount to be insured here. \$ NIL

International Customs Value \$ N.V.D.

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: *Carrier Signature*

I certify the goods have been received in good order and condition.

Print Name

Date Time

Received By: *Warehouse Signature*

I certify the goods have been received in good order and condition.

Print Name

Date Time

Received By: *Consignee Signature*

I certify the goods have been received in good order and condition.

Print Name

Date Time



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An original version of this image, which can always be generated upon request, sets forth terms and conditions of service on the reverse side of this page.
All services provided are subject to these terms and conditions.

ELECTRONIC IMAGE
SUBJECT TO TERMS AND CONDITIONS