Phone/E-mail Delivery Request Form

Date : _24.04.2010_

Consignor :	M/s.		
	Contact Person :		
	Designation :	Director/Partner/Proprietor/Manager	
	Authorised Signatory		
	Phone /Mobile No		
Consignee :	M/s.		
0	R.S PLASTICS		
	Contact Person :	Mr.	
	Designation:	Director/Partner/Proprietor/Manager	
	Authorised Signatory		
	Phone /Mobile No		
Ref.:	CN No. (with Code & Pkg)		
	Date		
	Destination		
Documents Received Detail (Tick Mark)	 We are submiting the Original GR/Bond to you alongwith this request format for accounting purpose. Please deliver the goods on our Risk & Responsibilities against your freight & other charges. 		

Applicant Name: Contact No.(Phone/Mobile) :

Inter Office Use Only

Ref. No.:				
Inform to Branch Office	□ Phone Call			
(Through <tickmark>)</tickmark>	□ E-mail			
Domontra i				
Remarks :				
Delivery Detail				
Gate Pass No. :	Date :			
Freight Rs	Case File on Dated :			