

CDD ANNEXURE

(to be filled by depositor)



Sr. No: _____

Date: _____

CDD No. _____

WAREHOUSE NAME & ADDRESS
Name: _____
Address: _____

DVS NUMBERS

DEPOSITOR DETAILS
Name: _____
Client Code: _____

VEHICLES NO.(S)

DRUM DETAILS									
Sr. No.	Drum Ref. No.	Commodity	Tare Weight (Kg)	Gross Weight (Kg)	Sr. No.	Drum Ref. No.	Commodity	Tare Weight (Kg)	Gross Weight (Kg)
1					13				
2					14				
3					15				
4					16				
5					17				
6					18				
7					19				
8					20				
9					21				
10					22				
11					23				
12					24				

ANNEXURES	
Mandi Tax Paid (Xerox Copy) <input type="checkbox"/> Yes <input type="checkbox"/> No	Mandi 6R (Tax Challan No.): _____ Date: _____
Mandi Gate Pass (Xerox Copy) <input type="checkbox"/> Yes <input type="checkbox"/> No	Mandi 9R No.: _____ Date: _____
Invoice / Delivery Challan <input type="checkbox"/> Yes <input type="checkbox"/> No	Invoice / Delivery Challan No.: _____ Date: _____

I / we hereby state all the above information and document submitted by me / us is correct and is true to the best of my knowledge.

AUTHORISED SIGNATORY
<p>Signature of Depositor / Authorised Representative of owner with rubber stamp</p> <p>Name: _____</p>