

# RB & SON

## TRANSPORT

## JOHANNESBURG

Suite 95, Postnet X23  
Gallo Manor 2052  
5 Megawatt Road,  
Aeroport, Spartan  
Tel: (011) 974-5984  
Fax: (011) 974-9691  
Cell: 083 775 5925  
E-Mail: [rbsonpeter@m](mailto:rbsonpeter@m)

**CAPE TOWN**  
15 Killarney Avenue  
Killarney Gardens  
Tel: (021) 557-5112  
Fax: (021) 557-1321  
Cell: 082 413 0185

**RB** ASSOCIATED  
**LOGISTICS**

**DURBAN**  
Unit C, 100 Richard Carte Rd.  
Jacobs  
040 4110 • Fax: (031) 462 0513  
Cell: 082 578 8477

## PROOF OF DELIVERY

DATE	8-10-2021	ORIGIN	T.H.R.	DESTINATION	D.B.N.	WAYBILL NO.	J 213961
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FOR ACCOUNT OF: (Postal Address:)		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ENVELOPE ATT  <input type="checkbox"/> C.O.A. ATT  <input type="checkbox"/> TREM CARD ATT         </div> <div> <input type="checkbox"/> ACCOUNT  <input type="checkbox"/> PRE-PAID  <input type="checkbox"/> C.O.D.         </div> <div> <input type="checkbox"/> DEPOT TO DEPOT  <input type="checkbox"/> DOOR TO DOOR  <input type="checkbox"/> DEPOT TO DOOR         </div> </div>	
TRIMOVE			
SENDERS NAME AND ADDRESS:	RECEIVERS NAME AND ADDRESS:		
BRENTON S.A. 247-15th ROAD, RANDLES PARK, MIDLAND, 1685	MONT EAGLE STAG 4, 265 SYDNEY ROAD UMBUTO, DURBAN.		
SENDERS REFERENCE:	CUSTOMER REFERENCE:		

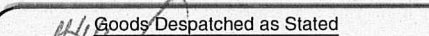
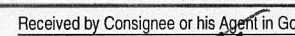


[illegible]

The transporter or his agent is not responsible for shortages or damages to inner contents to parcel / pallets. Attached documents will not be returned unless otherwise indicated by checking the box.

**"All business undertaken is subject to our standard terms and conditions, a copy of which is set out on the reverse side hereof"...**

Do you require insurance cover YES ☐ NO ☐  
Insurance limited to R1,5 million on any one truck load.

**SIGN AND  
RETURN  
ATTACHED  
DOCUMENT**

<u>Goods Despatched as Stated</u> 				<u>Received by Consignee or his Agent in Good Order &amp; Condition</u> Print Name: <u>15/10/21 Dennis?</u> Signature:  Date/Time: <u>17-10-21</u>				TOTAL LOOSE ITEMS:		
Sender's Authorised Signature/Date 								TOTAL PALLETS:		
								GROSS WEIGHT:		
LEG	REC. NAME OF DRIVE/ ST/MAN	SIGN	DATE	TIME	DATE	LEG	REC. NAME OF DRIVE/ ST/MAN	SIGN	DATE	SHORT OVER
1	ROBERT		15/10/21			3				
2						4				