

RB & SON

TRANSPORT

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

CAPE TOWN
15 Killarney Avenue
Killarney Gardens
Tel: (021) 557-5112
Fax: (021) 557-1321
Cell: 082 419 0185

RB ASSOCIATES LOGIST

Unit C, 100 Richard C.

Tel: (031) 940 4110 • Fax: (031) 46
Cell: 082 57

PROOF OF DELIVERY

| | | | | | | | |
|------|------------|--------|--------|-------------|--------|-------------|----------|
| DATE | 19-11-2021 | ORIGIN | J.H.B. | DESTINATION | C.T.N. | WAYBILL NO. | J 219853 |
|------|------------|--------|--------|-------------|--------|-------------|----------|

| | | | | |
|--------------------------------------|--|--|-----------------------------------|---|
| FOR ACCOUNT OF: (Postal Address:) | | <input type="checkbox"/> ENVELOPE ATT | <input type="checkbox"/> ACCOUNT | <input type="checkbox"/> DEPOT TO DEPOT |
| | | <input type="checkbox"/> C.O.A. ATT | <input type="checkbox"/> PRE-PAID | <input type="checkbox"/> DOOR TO DOOR |
| | | <input type="checkbox"/> TREM CARD ATT | <input type="checkbox"/> C.O.D. | <input type="checkbox"/> DEPOT TO DOOR |

| | |
|--|--|
| SENDER'S NAME AND ADDRESS: | RECEIVER'S NAME AND ADDRESS: |
| BLEANTY S.A. 247-15th ROAD VANDERSPOORT, MIDLAND | BLEANTY S.A. C.T.N. 11 MANSELY ROAD, LILLANEY GARDENS, JH4 |
| SENDER'S REFERENCE: | CUSTOMER REFERENCE: |

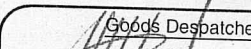


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The transporter or his agent is not responsible for shortages or damages to inner contents to parcel / pallets.
Attached documents will not be returned unless otherwise indicated by checking the box.

"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>  Sender's Authorised Signatory/Date | | | | <u>Received by Consignee or his Agent in Good Order & Condition</u> Print Name: <u>19 11 21</u> Signature: _____ Date/Time: _____ | | | | TOTAL LOOSE ITEMS: | | |
|--|-------------------------------|---|-----------------|---|------|-----|-------------------------------|---|-----------------|---------------|
| | | | | | | | | 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 | <u>THOBON</u> |  | <u>19 11 21</u> | | | 3 | |  | <u>22 11 21</u> | |
| 2 | | | | | | 4 | | | | |