

PROOF OF DELIVERY

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
940 4110 • Fax: (031) 462 0513
Cell: 082 578 8477

DATE	26/01/21	ORIGIN	JHB	DESTINATION	DEL	WAYBILL NO.	J 204399
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FOR ACCOUNT OF: (Postal Address:)	TRI MOVE	<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:	Brenntag SA 20715th Road Midrand	RECEIVERS NAME AND ADDRESS:	Imosource Palmgate Crescent Southgate Business Park 5/7 Unibeginwini
SENDER'S 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**

Goods-Despatched as Stated				Received by Consignee or his Agent in Good Order & Condition				TOTAL LOOSE ITEMS:				
 Sender's Authorised Signature/Date				Print Name: 				TOTAL PALLETS:				
				Signature: 				GROSS WEIGHT:				
REC. NAME OF DRIVE/ST/MAN		SIGN	DATE	TIME	DATE	LEG	REC. NAME OF DRIVE/ST/MAN		SIGN		DATE	SHORT OVER
						3						
						4						