

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@mweb.co.za

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

PROOF OF DELIVERY

DATE	25.6.21	ORIGIN	JHB	DESTINATION	PE	WAYBILL NO.	J 211699
------	---------	--------	-----	-------------	----	-------------	----------

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: Brenntag		RECEIVER'S NAME AND ADDRESS: Brenntag		
247 15th Rd		29 Haupt St		
Mpls, Minn		Stowell		
JKB		Port E 120 Berth		
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: <u>V. Anur</u>				TOTAL PALLETS: <u>2 Pallets</u>			
				Signature: <u>(Signature)</u>				Date/Time: <u>28/6/11</u>			
								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>TH B B M</u>	<u>(Signature)</u>	<u>26/6/11</u>			3					
2						4					

PROOF OF DELIVERY

DATE	25-6-21	ORIGIN	JUG	DESTINATION	PE	WAYBILL NO.	J 211699
------	---------	--------	-----	-------------	----	-------------	----------

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
SENDERS NAME AND ADDRESS: Brenndy		RECEIVERS NAME AND ADDRESS: Brenndy		
247 15th St		29 Haupt St		
Humboldt		Sierra		
JUB		Per E. 1. 20 Berth		
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**

Goods Despatched as Stated			Received by Consignee or his Agent in Good Order & Condition					TOTAL LOOSE ITEMS:		
Sender's Authorised Signature/Date			Print Name: _____		Signature: _____			TOTAL PALLETS: _____		
			Date/Time					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	THUBA		26/2			3				
2						4				



Cell: 083 775 5925

Cell: 082 413 0185

RB  **ASSOCIATED**
LOGISTICS

Cell: 082 578 8477

DELIVERY NOTE

DATE	25-6-21	ORIGIN	JHB	DESTINATION	PLE	WAYBILL NO.	J 211699
------	---------	--------	-----	-------------	-----	-------------	----------

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
SENDERS NAME AND ADDRESS: <i>Bernard J</i>		RECEIVERS NAME AND ADDRESS: <i>Bernard J</i>		
<i>297 15th St</i>		<i>29 Houghton St</i>		
<i>11522</i>		<i>Sigbee</i>		
<i>JUB</i>		<i>Port 120 Bond</i>		
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 & Condition</u> Print Name: <u>Asim</u> Signature: <u>(Signature) 28/6/11</u>				TOTAL LOOSE ITEMS: <u>2 Pallet</u>			
Sender's Authorised Signature/Date				Date/Time				TOTAL PALLETS: <u>2 Pallet</u>			
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>100 B...</u>	<u>(Signature)</u>	<u>28/6/11</u>			3					
2						4					

Client	Client Nr: Your Ref: Ship-to Nr : IZA04 Sales Order nr:
Shipping Address Brenntag PLZ 29 Haupt Street SIDWELL, PORT ELIZABETH 6001 SOUTH AFRICA	Forwarding Agent Tri Move CC 53 Tarentaal Road ATHLONE



Brenntag South Africa (Pty) Ltd
247 15th Road
Randjespark, Midrand 1685
Tel +27 (0)11 254 3300

Departure:
Brenntag South Africa Midrand
247 15th Road
Randjespark, Midrand 1685

Delivery Note: 83570127 / 77249104	Ref. Brenntag:	Deliv. date: 28.06.2021	Page 1 of 1
--	----------------	-------------------------	-------------

Material	Description Batch Num / Suppl. Batch	Quantity	Net Weight	Gross Weight
29201300	SODIUM HYPOCHLORITE 11-15% SOLUTION - DRUM 240KG ZA11011085 / 890000231745	7 X 240 KG	1,680 KG	1,743.840 KG
ADR : --				

Unloading hours : Mo - Fr 08:00 - 16:00

SITE SERVICES GOOD'S RECEIVED CHECK LIST	
Date: 28/6/21	GRN No:
Has the correct quantity been received (Contents not Verified)	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N
Is the Stock Palletized	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N
Is there damage or short Stock	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N
Has the document been endorsed	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N
Received by:	
Processed:	

RETURNED EMPTY PACKAGING

Flobin UN Approved		Blopac
Flobin Non UN Approved		Blopac Investcl
Flobin Investchem		Blopac Investr
Flobin Richbay		Solvent Steel

		Polycan
		Polycan Evonik
		Polycan Richbay
		Solvent Steel Can 25lt

PEROXIDE PALLETS

Delivered		Returned	
-----------	--	----------	--

Transporter

The transporter agrees with the stowage and has no remarks or concerns regarding the loading and/or packaging of the goods.
Date:/...../.....
Name + Signature:

Customer

The client hereby declares to have received and checked the goods to be in good condition.
Date: 28/7/21
Name + Signature: