



**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

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

DATE	02/07/21	ORIGIN	34B	DESTINATION	PE	WAYBILL NO.	J 214881
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FOR ACCOUNT OF: (Postal Address:)		<input type="checkbox"/> ENVELOPE ATT <input type="checkbox"/> C.O.A. ATT <input type="checkbox"/> TREM CARD ATT		<input type="checkbox"/> ACCOUNT <input type="checkbox"/> PRE-PAID <input type="checkbox"/> C.O.D.		<input type="checkbox"/> DEPOT TO DEPOT <input type="checkbox"/> DOOR TO DOOR <input type="checkbox"/> DEPOT TO DOOR	
SENDERS NAME AND ADDRESS:		RECEIVERS NAME AND ADDRESS:					
Brenntag SA		Brenntag PE					
24715th Rd Randjespark		29 Haupt Street					
Midrand		Sidwell PE					
SENDERS REFERENCE:		CUSTOMER REFERENCE:					

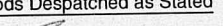


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**The transporter or his agent is not responsible for shortages or damages to inner contents to parcel / pallets. Attached documents will not be returned unless otherwise indicated by checking the box.**

**"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**

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 PALLET(S): _____		
				Signature: _____				GROSS WEIGHT: _____		
				Date/Time						
LEG	REC. NAME OF DRIVE/ST/MAN	SIGN	DATE	TIME	DATE	LEG	REC. NAME OF DRIVE/ST/MAN	SIGN	DATE	SHORT OVER
1	SIP/16		27/5/1			3				
2						4				

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