



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

PROOF OF DELIVERY

DATE	05-11-2021	ORIGIN	J.H.B.	DESTINATION	P.E	WAYBILL NO.	J 213971
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FOR ACCOUNT OF: (Postal Address:)	TRIMOVE	<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:	RECEIVERS NAME AND ADDRESS:
BLANTY S.A. 247-15th ROAD, RANDERS PART, MIDLAND, 1685	BLANTY PLZ 29 HAUPT STREET SADWILL, PORT ELIZABETH
SENDER'S REFERENCE:	CUSTOMER REFERENCE:

QTY	PACKAGING/ PACK SIZE	CONTENTS	DIMENSIONS IN CM	ACTUAL WEIGHT	CHARGEABLE WEIGHT	RATE/KG	R	C
1	X	PALLET		1020				
83692594-7/7258420								
							CHARGE	
							OUTLYING AREAS	
							DOCUMENT FEE	
							V.A.T.	
							TOTAL	

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:			
05-11-2021				Print Name: _____				TOTAL PALLETS:			
Sender's Authorised Signature/Date				Signature: _____				GROSS WEIGHT:			
Date/Time				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	ROBERT	[Signature]	5/11/21			3					
2						4					