



Tel: +27 21 200 2935

SQAS APPROVED

NR-1

DEPOT TO DOOR

Δ. RBAN

CUSTOMERS REFERENCE:

V.A.T.

TOTAL

**SIGN AND RETURN
ATTACHED DOCUMENT**

Signature / Initials:

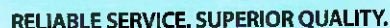
Comments:

3. RECEIVED AT SENDING DEPOT

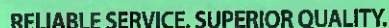
Date: 22/02/2021 Time:

6. RECEIVED AT CONSIGNEE

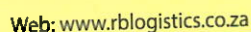
Date: 22-02-21 Time: 09:40:00



1st Copy - WHITE: Invoice Copy - 2nd Copy BLUE: Admin Control - 3rd Copy - GREEN: Sending Depot - 4th Copy PINK: Consignee Copy - 5th Copy YELLOW: Destination Depot - 6th Copy - WHITE: Senders Copy



1st Copy - WHITE: Invoice Copy - 2nd Copy BLUE: Admin Control - 3rd Copy - GREEN: Sending Depot - 4th Copy PINK: Consignee Copy - 5th Copy YELLOW: Destination Depot - 6th Copy - WHITE: Senders Copy



Tel: +27 31 940 4110
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Tel: +27 11 974 5984
Fax: +27 11 974 9691
Cell: +27 83 775 5925

Tel: +27 10 590 8498

Tel: +27 21 200 2935

NO. **D** 89632

SQAS APPROVED

DATE		ORIGIN	DESTINATION
14/07/21		SAK	

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:		RECEIVERS NAME AND ADDRESS:	
SENDERS REFERENCE:		CUSTOMERS REFERENCE:	

[illegible]

CONDITIONS

Insurance is effected only if specifically requested in writing hereon.

Insurance is effected only if specifically requested in writing hereon.
 Consignor certifies that details supplied on this waybill are correct and this document serves to request the carrier to receive and forward the above mentioned cargo to the consignee address in accordance with the conditions on the reverse side of this master waybill.

The carrier or his/her agent are not responsible for neither shortages from, nor damages to inner contents of parcels/pallets.

All business is undertaken subject to our standard terms and conditions, a copy of which is set out on the reverse side hereof.

Signature / Initials:

TOTAL

**SIGN AND RETURN
ATTACHED DOCUMENT**

ATTACHED DOCUMENT

Vehicle Reg Comments:

Vehicle Clean Yes ☐ No ☐

1. DISPATCHED BY SENDER		2. RECEIVED BY RB LOGISTICS DRIVER		3. RECEIVED AT SENDING DEPOT	
Name:		Name:		Name:	
Signature:		Signature:		Signature:	
Date: Time:		Date: Time:		Date: Time:	

Date:		Date:		Date:	
4. RECEIVED AT DESTINATION DEPOT		5. HANDED TO DELIVERING DRIVER		6. RECEIVED AT CONSIGNEE	
Name:		Name:		Name:	
Signature:		Signature:		Signature:	
Date: Time:		Date: Time:		Date: Time:	
<small>1st Copy - GREEN: Consignee Copy - 2nd Copy - RED: Consignee Copy - 3rd Copy - BLUE: Consignee Copy - 4th Copy - PINK: Consignee Copy - 5th Copy - YELLOW: Destination Depot - 6th Copy - WHITE: Senders</small>					