

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@n

CAPE TOWN
15 Killarney Avenue
Killarney Gardens
Tel: (021) 557-5112
Fax: (021) 557-1321
Cell: 082 413 0185

RB ASSOCIATED LOGISTICS
DURBAN
100 Richard Carte Rd.
Jacobs
Tel: 0110 • Fax: (031) 462 0513
Cell: 082 578 8477

PROOF OF DELIVERY

DATE	21/01/21	ORIGIN	SHB	DESTINATION		WAYBILL NO.	J 204396
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FOR ACCOUNT OF: (Postal Address:)	<div style="font-size: 2em; font-family: cursive;">REMOVE</div>	<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
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SENDER'S NAME AND ADDRESS:	Brenntag SA 24715 th Road Midland	RECEIVER'S NAME AND ADDRESS:	Vital Health Lavender Lane Ruils River SA
SENDER'S REFERENCE:		CUSTOMER REFERENCE:	


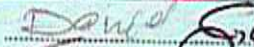

[illegible]

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**

<u>Goods Despatched as Stated</u> 				<u>Received by Consignee or his Agent in Good Order & Condition</u> Print Name: <u>Daniel G. RACAL</u> Signature:  25/01/21 Date/Time				TOTAL LOOSE ITEMS:		
Sender's Authorised Signature/Date								TOTAL PALLETS:		
								GROSS WEIGHT:		
EQ	REC. NAME OF DRIVE/ ST/MAN	SIGN	DATE	TIME	DATE	LEG	REC. NAME OF DRIVE/ ST/MAN	SIGN	DATE	SHORT OVER
1	<u>Tim</u>					3				
2						4				

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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	3/30/21	ORIGIN	SHB	DESTINATION		WAYBILL NO.	J 204396
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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 SA	RECEIVER'S NAME AND ADDRESS:	Vital Health
2475 th Road Midrand		Lavender Lane	
		Kuils River SA	

SENDERS REFERENCE:	CUSTOMER REFERENCE:
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[illegible]

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**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>Daniel GERRARD</u> Signature:  <u>25/01/21</u> Date/Time				TOTAL LOOSE ITEMS:		
Sender's Authorised Signature/Date 								TOTAL PALLETS:		
								GROSS WEIGHT:		
EG	REC. NAME OF DRIVE/ ST/MAN	SIGN	DATE	TIME	DATE	LEG	REC. NAME OF DRIVE/ ST/MAN	SIGN	DATE	SHORT OVER
1	<u>11th</u>					3				
2						4				