

**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 6775 5925  
E-Mail: [rbsonpeter@mweb.co.za](mailto: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

JHD2210120

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

DATE	29/06/21	ORIGIN	JHB	DESTINATION	DOM	WAYBILL NO.	J 214876
------	----------	--------	-----	-------------	-----	-------------	----------

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		Improchem					
24715th Rd Raudjespart		Finished Products Warehouse,					
Midrand		Wharhirst Rd, AECI Complex 1					
		Umbongintaini					
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: <u>Mthobisi</u>			TOTAL PALLETS: <u>1</u>				
			Signature: <u>[Signature]</u>			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	TAMES	[Signature]	29-6-21			3				
2						4				

