



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

DATE	18-08-21	ORIGIN	J.H.R.	DESTINATION		WAYBILL NO.	J 215904
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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
SENDERS NAME AND ADDRESS:		RECEIVERS NAME AND ADDRESS:		
Enak SETHORE		MULTINITY (P) LTD.		
BRENDA M. D. KAND.		5 JHEO KIE-YOHANS STR		
247-15 TH ROAD, INDIES		EET, WITRIVER, 1240		
PARK, WITRIVER				
SENDERS REFERENCE:	83619178	CUSTOMER REFERENCE:		

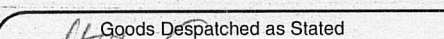
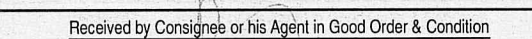

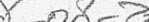
QTY	PACKAGING/ PACK SIZE	CONTENTS	DIMENSIONS IN CM	ACTUAL WEIGHT	CHARGEABLE WEIGHT	RATE/KG	R	C
2	+	BUCKETS		2010				
		83619178 7	7665543 7					
							CHARGE	
							OUTLYING AREAS	
							DOCUMENT FEE	
							V.A.T.	
The transporter or his agent is not responsible for shortages or damages to inner contents to parcel / pallets. Attached documents will not be returned unless otherwise indicated by checking the box							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**

<u>Goods Despatched as Stated</u> 				<u>Received by Consignee or his Agent in Good Order & Condition</u> 				TOTAL LOOSE ITEMS: <u>2</u>		
Sender's Authorised Signature/Date 				Print Name: _____ Signature: _____ Date/Time _____				TOTAL PALLETS: _____		
								GROSS WEIGHT: _____		
LEG	REC. NAME OF DRIVE/ ST/MAN	SIGN	DATE	TIME	DATE	LEG	REC. NAME OF DRIVE/ ST/MAN	SIGN	DATE	SHORT OVER
1	ROBERT		18/8/78			3				
2						4				