

RB & SON TRANSPORT

JOHANNESBURG
Suite 95, Postnet X23
Gallo Manor 2052
5 Megawall 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 Carlo Rd.
Jacobs

Tel: (031) 940 4110 • Fax: (031) 462 0513
Cell: 082 578 6477

PROOF OF DELIVERY

DATE	17-09-2021	ORIGIN	J.H.B.	DESTINATION	P.E.	WAYBILL NO.	J 216301
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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:		
KREINTAS S.A. (GOLD RAIN)		KREINTAS PLZ		
247-15th ROAD, KANIGES -		29 HAUPT STREET,		
MIDRAND, 1685		SANDWELL, PORT ELIZABETH		
SENDERS REFERENCE:		CUSTOMER REFERENCE:		
		6001		

QTY	PACKAGING/ PACK SIZE	CONTENTS	DIMENSIONS IN CM	ACTUAL WEIGHT	CHARGEABLE WEIGHT	RATE/KG	R	C
1	*	POLYCAN (DRUM)		2519	✓			
83650279-1/17/255057								
							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:	
17-09-2021		Print Name: [Signature]		TOTAL PALLETS:	
Sender's Authorised Signature/Date		Signature: [Signature]		GROSS WEIGHT:	
Date/Time		Date/Time			
LEG	REC. NAME OF DRIVE/ ST/MAN	SIGN	DATE	TIME	DATE
1					3
2					4