

# 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@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 Carter Rd.  
Jacobs  
Tel: (031) 940 4110 • Fax: (031) 462 0513  
Cell: 082 578 8477

## PROOF OF DELIVERY

DATE	19/2/21	ORIGIN	JHB	DESTINATION	C.P.	WAYBILL NO.	J 207059
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FOR ACCOUNT OF:  
(Postal Address:)

TRIMOVE

- ☐ ENVELOPE ATT  
☐ C.O.A. ATT  
☐ TREM CARD ATT

- ☐ ACCOUNT  
☐ PRE-PAID  
☐ C.O.D.

- ☐ DEPOT TO DEPOT  
☐ DOOR TO DOOR  
☐ DEPOT TO DOOR

SENDERS NAME AND ADDRESS:

B.S. A.

RECEIVERS NAME AND ADDRESS:

BRENTAG SOUTH AFRICA

SOPURA S.A

247 15th ROAD

53 Bell Crescent West Lake

RANDJESPRUC MIDRAND

Business Park West Lake 7954

SENDERS REFERENCE:

CUSTOMER REFERENCE:

QTY	PACKAGING/ PACK SIZE	CONTENTS	DIMENSIONS IN CM	ACTUAL WEIGHT	CHARGEABLE WEIGHT	RATE/KG	R	C
03		Flowbins		3960				
		HAZ LOAD						
		WILL KEEP STOCK UNTIL MANUFACTURER SENDS EXTENDED COA'S - IF NOT SUPPLIER WILL REPLACE STOCK.						
							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

19/02/2021

Print Name:

Ramea

Signature:

[Signature]

Date/Time

TOTAL LOOSE ITEMS:

TOTAL PALLETS:

3 F/Bins

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			19/2/21			3				
2						4				



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FOR ACCOUNT OF: (Postal Address:)	TRIMOVE	<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:	B.S. A.	RECEIVERS NAME AND ADDRESS:	
BRENNING SOUTH AFRICA		SOPHIA S.A	
24 15th ROAD		53 Bell Crescent West lake	
RANDJESPARC MIDRAND		Business Park West lake 7954	
SENDERS REFERENCE:		CUSTOMER REFERENCE:	


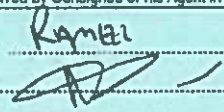
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**SIGN AND  
RETURN  
ATTACHED  
DOCUMENT**

Goods Despatched as Stated				Received by Consignee or his Agent in Good Order & Condition				TOTAL LOOSE ITEMS:			
 19/02/2021 Sender's Authorised Signature/Date				Print Name: Ramel Signature:  Date/Time:				TOTAL PALLETS: 8 F/bins			
								GROSS WEIGHT:			
LEG	REC NAME OF DRIVE/ ST/MAN	SIGN	DATE	TIME	DATE	LEG	REC NAME OF DRIVE/ ST/MAN	SIGN	DATE	TIME	SHORT OVER
1			19/2/21			3					
2						4					