



A Brambles Company

1054418711

1297

TRANSFER HIRE ADVICE NOTE 423 0856201

Sending Location Account Number:

2700009345

Sending Location Name:

Chinwood

Sending Location Details:

POCKET 3A CHINWOOD LOGISTICS
CNR BASIC HIGHWAY AND M4
CHINWOOD DURBAN

Receiving Location Account Number:

2700048487

Receiving Location Name:

LR 5HB

Receiving Location Details:

TWENTY ONE WAREHOUSE PARK
STERKfontein
1666

Reference Number 1:

5704416116

Reference Number 2:

Reference Number 3:

Reference Description

STO

Reference Description

Reference Description

Effective Transfer Date:

22 05 2024

Registration Number / Truck Number

JBK 125 FS

Driver's Name:

ERIC LUBISI

Record Date:

20

Checked By Name:

LEONARD ROSS

Checked Signature:

[Signature]

CHERP Help line: Toll free - 0800 330 334
Mail: za_info@cherp.com

Equipment Code

001

Quantity:

034

Equipment Description:

4 way Entry

Equipment Code

Quantity:

Equipment Description:

DELIVERY ADVICE

1297

Sending Plant: DN11
Durban Warehouse
Unit 3A, Clairwood
Logistics Park
4092 CLAIRWOOD,

Shipping Point: Durban Warehouse

Warehouse Bond Nos:

Receiving JB4

Plant: LR Olifantsfontein
Twenty One Warehouse Park
1666 STERKFONTEIN
SOUTH AFRICA

Shipment No:

Delivery No: 1054412791

Order Number: 5704416116

Warehouse Bond Nos:

Purchase Order No:

Haulier/Vessel:

Seal No:

Goods Issue Date: 21.05.2024

Customer Delivery Date: 23.05.2024

Shipping Instructions:

Receiving Plant Under Bond: ☐ Yes ☒ No

Material	ABV%	Quantity UoM	Batch ID SLED/BBD	Supplying Plant Under Bond
786425 Gordons Dry Gin 75cl 12X01 Local	43.00	2.040 CAS	BH 01.02.2027	[_]Yes [X]No

DRIVER: ERIC

SIGN: [Signature]

DATE: 22/05/2024

Declaration: We hereby declare the foregoing to be a full and true account of contents of Goods Described

Signature of sender: [Signature]

Date: 22/05/24

Signature of receiving site: [Signature]

Date: 23/05/24

ISSUED FROM	RECEIVED INTO	ISSUED BY	RECEIVED BY	AUTHORISED BY
Elk Hill Wood	2148	Paul	Approved	
		SIGNATURE	SIGNATURE	SIGNATURE

DIVISION:		Cup.	
Depot:		H 75	
Control No.:		5704416116	
Date:	22/05/24	Time:	
Return Date:			
Contact Name:			
Contact Tel No.:			

Item Code	Description	UOM	Qty	To Be Returned	Bin Location	Document Ref. No.
	GOLDONS Dry Grn 750ml		34P			
	TOTAL PALLET		34P.			

Notes

L.R.

Transmit File 44B151

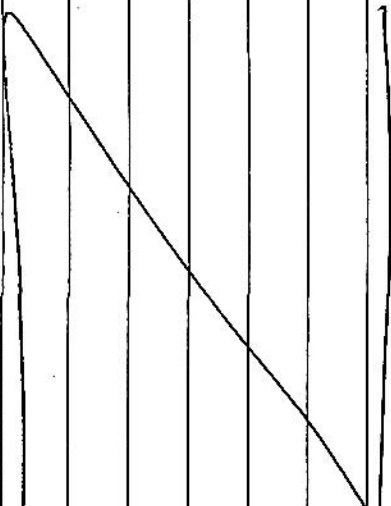
REC: 5BK 125 FS

Len: 588 453 FS

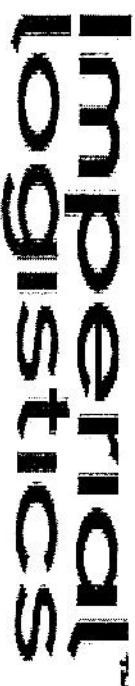
Len: 588 448 FS

IA: 7603056151081

SIG:  65



SEAL REGISTER



LINK

FRONT TRAILER LEFT FIRST
LAST

10268521
10268530

REAR TRAILER LEFT FIRST
LAST

10268531
10268550

8/10/14 - TONNER LEFT

FIRST
LAST

10268551
10268550

FRONT TRAILER RIGHT FIRST
LAST

10268551
10268560

REAR TRAILER RIGHT FIRST
LAST

10268561
10268580

RIGHT

FIRST
LAST

10268581
10268580

IMPERIAL CLERK

Paul

INVOICE - STO NO.

5704416116

CHECKER

Spha

DATE:

22-May-24

DRIVER

Eric

DRIVER SIGNATURE

--

Party Contracting the Operator

Container/Vehicle Packing Certificate

Packed/loaded into the container/vehicle identified above in accordance with the applicable provisions.

Name and signature of person responsible for packing/loading

NO. 1000

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23	
24	Consignment Note Number
25	NZS 6 4579
26	
27	Operator/CT
28	
29	
30	
31	Vehicle Registration Number
32	
33	
34	
35	Consignment: IMPERIAL DEDICATED CONTRACTS CONFINED
36	P.O. BOX 123243
37	
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44	Product Manufacturer
45	
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56	Product Owner
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59	Additional handling information on transport and storage
60	All goods will be handled in accordance to SANS 10234 as well as good
61	distribution practices, ensuring that the quality and integrity of
62	product remains to manufacturer standards and will not be affected by adverse conditions.
63	
64	

Product Manufacturer: DANGEROUS GOODS REGISTRATION Road Transport

Port/Place of Loading

NZS IlDC-Clarewood Logistics Park

Port/Place of Discharge

the loss/damage should not be made. We further confirm that should a query against the loss/damage not be lodged with the insurance manager within 10 working days of the loss/damage, the loss/damage will be accepted as valid and agreed to and recoveries made accordingly.

All details for redeliveries are to be entered on the following form.

Principal : _____ Total Cases: _____

Principal : _____ Invoice Number: _____ Total Cases: _____

Principal : _____ Invoice Number: _____ Total Cases: _____

Principal : _____ Invoice Number: _____ Total Cases: _____

Principal : _____ Invoice Number: _____ Total Cases: _____

Principal : _____ Invoice Number: _____ Total Cases: _____

Principal : _____ Invoice Number: _____ Total Cases: _____

Principal : _____ Invoice Number: _____ Total Cases: _____

Principal : _____ Invoice Number: _____ Total Cases: _____

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Principal : _____ Invoice Number: _____ Total Cases: _____

Principal : _____ Invoice Number: _____ Total Cases: _____

Principal : _____ Invoice Number: _____ Total Cases: _____

Principal : _____ Invoice Number: _____ Total Cases: _____

employment and was as a result of our fault, and that we have been informed of

SKN-4-Way

Netics, Inc. 10/1/99

21-10-99

1 Built Brand

1.0.0

Object

2 Loaded by

Name

Driver

Debriefed by

3 Accepted as correct

Name

Signature

Name

4 Driver's Assistant (1)

Name

Signature

Name

5 Accepted as correct

Name

Signature

Name

6

Name

Signature

Name

7

Name

Signature

Name

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Name

Signature

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Name

Signature

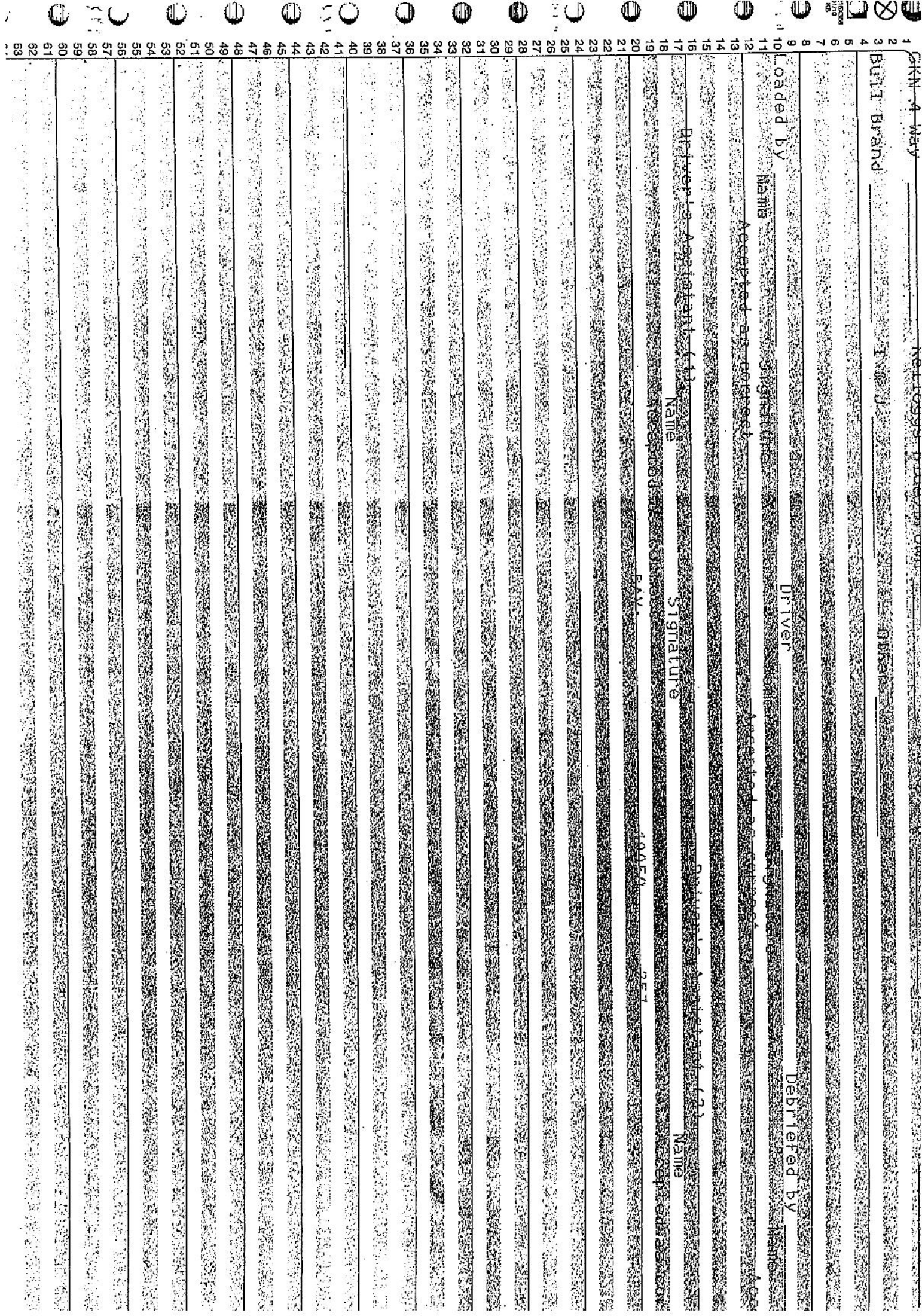
Name

24

Name

Signature

Name



TRIP SHEET

Vehicle No. _____ Date _____
Delivery Point _____ Time _____
Warehouse Departure _____
Mileometers _____
Offsetment _____ Remarks _____

Warehouse Return

TOTAL: Drops: 1 Documents: _____ Cases: 2040 Weight: 31573.200 Volume: 46.80

[illegible]