CHEP

A Brambles Company

10344 70959 2'183

TRANSFER HIRE ADVICE NOTE 423 0856382

Sending Location Account Number: 2700009345

Sending Location Name: CLAIRWOOD

Sending Location Details: Pocket 3A Clairwood

Receiving Location Account Number: 2700048487

Receiving Location Name: JHB hq

Receiving Location Details: LR olifantsfontein, hoewy ou Wadburys Park 1660 Sterkfontein

Reference Number 1: S1044256 33

Reference Description:

Reference Number 2:

Reference Description:

Reference Number 3

Reference Description:

Effective Transfer Date: 05 06 2024

Registration Number / Truck Number: JBK 124 FS

Driver's Name: Johannes

Receipt Date: __ __ 20__

Checked By Name: Happiness

Checked Signature:

CHEP Help line: Toll free – 0800 330 334
Mail: za_info@chep.com

Equipment Code	Quantity:	Equipment Description:
	034	

Equipment Code	Quantity:	Equipment Description:

CHEP never sells or transfers ownership of its Equipment. Unauthorised trading, appropriation, use or disposal of CHEP equipment is strictly prohibited.
Report Illegal Activity - Contact Tip-Offs Anonymous on 0800 003 310 or email chep@tip-offs.com

DELIVERY ADVICE

Sending Plant:	DN11 Durban Warehouse Unit 3A, Clairwood Logistics Park 4092 CLAIRWOOD,
Shipping Point:	Durban Warehouse
Warehouse Bond Nos:	10257

Receiving Plant: JB4
LR Olifantsfontein
Twenty One Warehouse Park
1666 STERKFONTEIN
SOUTH AFRICA

Warehouse Bond Nos:

Goods Issue Date: 03.06.2024

Customer Delivery Date: 05.06.2024

Shipping Instructions:

Shipment No:

Delivery No: 1054470959

Order Number: 5704425633

Purchase Order No:

Haulier/Vessel:

Seal No:

Receiving Plant Under Bond: ☐ Yes ☒ No

Driver: MOKGALU

Sign: [signature]

Date: 05-05-24

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

Not Checked.

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

Signature of sender: [signature]

Date: 05/06/24

Signature of receiving site: [signature]

Date: 06/06/24

Imperial logistics

GRT NO. 3024808

GOODS RECEIVED AND TRANSFERRED

Depot: N95

Control No.: 5704925633

Date: 05/06/24 Time:

Return Date:

Contact Name:

Contact Tel No.:

ISSUED FROM	RECEIVED INTO	ISSUED BY	RECEIVED BY	AUTHORISED BY
C/Airwood	JHB LR	[illegible]	[illegible]	NAME
		SIGNATURE	SIGNATURE	SIGNATURE

Item Code	Description	UOM	Qty	To Be Returned	Bin Location	Document Ref. No.	Notes
	Bay = 10287	34p	—				LR
							Johannes Moyen
	TOTAL Chep = 34 Pallets						
							JBK 124 FS
							JBS 399 FS
							JBS 369 FS
							9204095270 85
							Sign.

Uchotech SJ 011 474 1826 TFD001015 02/18

SEAL REGISTER

Imperial logistics

LINK	FRONT TRAILER LEFT	FIRST	I0288001	FRONT TRAILER RIGHT	FIRST	I0288031
		LAST	I0288010		LAST	I0288040
	REAR TRAILER LEFT	FIRST	I0288011	REAR TRAILER RIGHT	FIRST	I0288041
		LAST	I0288020		LAST	I0288050
			I0288021	RIGHT	FIRST	I0288051
		LAST	I0288030		LAST	I0288060
			//////////			//////////
			//////////			//////////

IMPERIAL CLERK	MTHOKO	INVOICE - STO NO.	*5 704 425 633*
CHECKER	Thobani	DATE:	05-Jun-24
DRIVER	Jonannes	DRIVER SIGNATURE	

Vehicle No : _____ Cage : _____

Co.	Company name	Order	Agent Ord no.	Delivery Reference	Bay No	Cases	Weight	Cubic Volume
DIAGEO	DIAGEO		Arr.Time	Dep.Time				
469	Diageo South Africa (Pty) LTD	731697	5704425633		898 10287	2040	31579.200	46.801
						2040	31579.200	46.801
						2040	31579.200	46.801

TRIP SHEET

Vehicle No : _____ Cage : _____

Delivery Point	Time In	Time Out	Kilometers In	Kilometers Out	Upliftment Authority No	Remarks
Warehouse Departure		_____		_____		
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
Warehouse Return	_____		_____			

OTAL: Drops: 1 Documents: _____ Cases: 2040 Weight: 31579.200 Volume: 46.801

Pallets

KN 4 Way _____ Kelloggs Blue/Brown _____ TFD Green _____ Pallet JACK: _____

ull Brand _____ I & J _____ Other _____

oaded by _____ _____ Driver _____ _____ Debriefed by _____

Name Signature Name Signature Name

Accepted as correct Accepted as correct Accep

BAY: 10287 288

Pallet	Cases	Picker
12346598	2,040	LINCO
	2,040	

DEBRIEF AUTHORISATION SHEET

Loadsheet Number : 4717

Bay Numbers : 10287

Registration Number : _____

Driver Name : _____ Clock Number: _____

Crew 1 : _____ Clock Number: _____

Crew 2 : _____ Clock Number: _____

Crew 3 : _____ Clock Number: _____

Authorisation Number : _____

Authorised By : _____

Herewith we (all of the above), acknowledge that we were the employees responsible for the stock loaded on the vehicle, as well as the vehicle itself, and therefore nominate _____ (Employee Name and Surname), _____ (Company Number) to be present at the Debrief department while the above listed vehicle and stock gets debriefed in our absence.

We acknowledge and accept all shortages that may be discovered during thedebrief process and will accept any shortage/surplus raised against us as a resul of this.

We further acknowledge that such loss or damage occurred in the course of our employment and was as a result of our fault, and that we have been informed of our right to query such shortage/surplus within 10 working days from the date the AOD/Surplus was raised should we not agree to it, and that it is our responsibility to show reasonable cause as to why deductions relating to the loss/damage should not be made. We further confirm that should a query against the loss/damage not be lodged with the Distribution Manager in writing on the prescribed form within the 10 working days, the loss/damage will be accepted as valid and agreed to and recoveries made accordingly.

All details for redeliveries are to be endorsed below:

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: _____

Principal : _____ Invoice Number: _____ Total Cases: _____

Principal : _____ Invoice Number: _____ Total Cases: _____

Signature : _____ (Driver)

_____ (Crew 1)

_____ (Crew 2)

_____ (Crew 3)

Signature : _____ (Debrief)

Date : ____ / ____ / ____

DANGEROUS GOODS DECLARATION - Road Transport

Consignment Note Number : N75 / 4717

Operator/Carrier :

Vehicle Registration Number:

Consignor: IMPERIAL DEDICATED CONTRACTS Consignee:
P.O. BOX 123243
ALRODE

Product manufacturer

Port/Place of Loading

N75 ILDC-Clairwood Logistics Park

Port/Place of Discharge

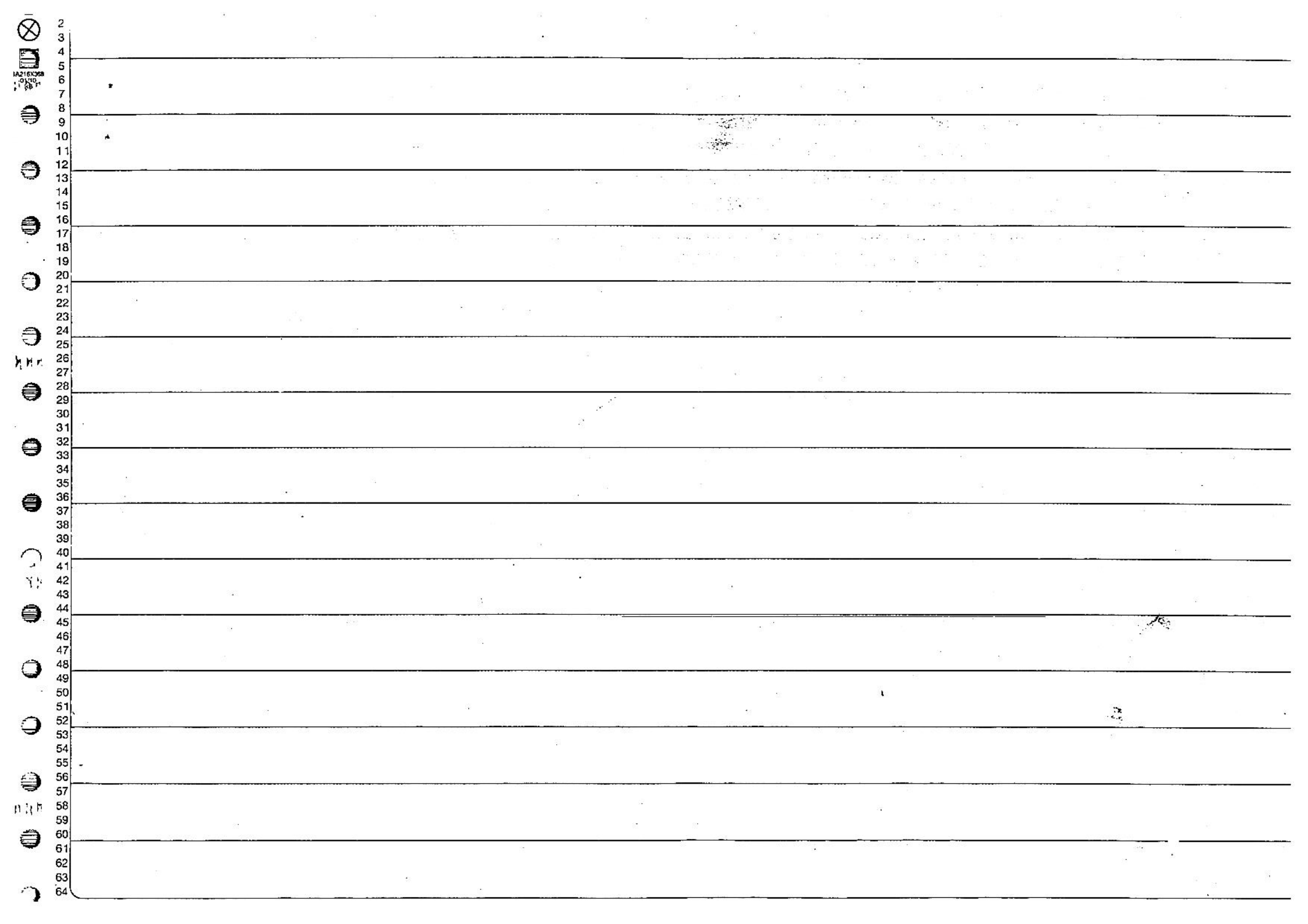
Product Owner:

Additional handling Information on transport and storage
All goods will be handled in accordance to SANS 10231 as well as good distribution practices, ensuring that the quality and integrity of product remains to manufacturer standards and will not be exposed to any adverse conditions.

Product Custodian:

Party Contracting the Operator

Container/Vehicle Packing Certificate
I hereby declare that the goods described below have been packed/loaded into the container/vehicle identified above in accordance with the applicable provisions.



DECLARATIONS

I hereby declare that the content of this consignment is fully and accurately described above by the proper and is classified, packaged, marked and labelled / placarded and in all respects, in proper condition for t accordance with the relevant national legislation.

Where the consignor is not the manufacturer, the declaration is based on information received.

~~Consigner / Product Manufacturer / Product Owner / Product Custodian / Contracting Party (Delete which is no~~

Name: Signed: Date:

~~The consignment described above has been received into my vehicle. My vehicle is correctly placarded and I a necessary transport documentation pertaining to the transport of dangerous goods, including information to b of an emergency.~~

DRIVER Name: MORGAN Signed: [signature] Date: 05-09-24

End of Report