

C/o Range rd & Anfield rd
Blackheath
Kuilsrivier
Cape Town

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Kuilsrivier
Cape Town



(021) 903 3880

(021) 903 8874

Pieter@lr.sa.co.za

Liquor Runners Cape Town

Http://www.lrsa.co.za

GRV for Diageo South Africa - LRSA NR: 13548 (GRV)

Receiver: Curtis Jacobs
Checker: Curtis Jacobs
Warehouse: CHILL BEVERAGES
Sender Ref 1: 477658
Receive Date: 2025-03-12
Warehouse Recv: LR CAPE TOWN
Sender Ref 2: 5704620570

SKU Code	Stock Description	Bin	Batch Number	QTY(Cases)	QTY(Units)
Stock Received					
796307	SMIRNOFF DOUBLE BLACK GUARANA (24 X 250M	24/02/2026	DL25055CHI	4592	110208
796307	SMIRNOFF DOUBLE BLACK GUARANA (24 X 250M	23/02/2026	DL25054CHI	208	4992
				4,800.00	115,200.00
			Total QTY Received	4,800.00	115,200.00

DL2S055 - 1 CASE Damage

OB # 5373

Checked By: Currod

Transport Company: LR Transport

12/03/2025 04:28:09 PM

Receiver: HML453FS

Checker: FEZEKILE

Driver Signature: Fezekile

LIQUOR RUNNERS CAPE TOWN

GOODS RECEIVED VOUCHER

2641

To be completed on receipt of goods from producers, Truckdrivers or Warehouse

GRV 13548

DRIVER NAME: Ferekite

HIRE TRANSPORTATION CC. (if delivered by Hire Vehicle)		<u>L R Transport</u>	
LOAD SHEET No.	<u>477658/5701620570</u>	VEHICLE REG. No.	<u>HML453F5</u>

CUSTOMER	<u>Diageo</u>	DATE RECEIVED	<u>12/03/2025</u>
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DESCRIPTION	RECEIVED		Cases Received Damaged	Units Received Damaged	REMARKS INV. NO. / UPLIFT NO.
	Cases	Units			
1) <u>Smirnoff Double Black with</u>	<u>208</u>				<u>DL25054</u>
2) <u>Guarana 250ml</u>					<u>BB-23/02/26</u>
3) <u>Smirnoff Double Black with</u>	<u>4592</u>		<u>1</u>		<u>DL25055</u>
4) <u>Guarana 250ml</u>					<u>BB-24/02/26</u>
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					
16)					
17)					
18)					
19)					
20)					
PALET CONTROL:	GKN	<u>Blue</u>	#1		
	OTHER				
TOTAL:		<u>4800</u>		<u>1</u>	<u>30pts</u>

NOTES: ON G.R.V. SHOW ONLY STOCK WHICH HAS PHYSICALLY BEEN RECEIVED

CHECKED ON RECEIPT BY:	<u>Bradley</u>	DRIVER:	<u>Ferekite</u>
TIME COMPLETED:		PAGE:	<u>1</u>
		PAGE:	<u>1</u>



Tax Invoice

DIAGEO SOUTH AFRICA (PTY) LTD
DIAGEO SOUTH AFRICA (PTY) LTD

Delivery Address
DIAGEO SOUTH AFRICA (PTY) LTD
BLACK RIVER PARK NORTH
1ST FLOOR BLOCK D, FIR RD
OBSERVATORY
CAPE TOWN

CHILL BEVERAGES
CHILL BEVERAGES
86 GEORGE BLAKE AVENUE
STELLENBOSCH

Telephone: +27 21 886 8842
Fax: +27 21 887 1005
Tax: 4030195137
Excise Number: 20679013
Liquor Licence: WCP/037783
HPL Warehouse: VM00641

Tax Registration: 4750101802
Liquor Licence:
Vender Number:

Account:	DIA001
Customer Ref:	4904479372
Warehouse:	FG01

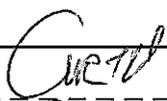
Sales Order :	477658
Invoice No:	10544899
Invoice Date:	2025-03-12

<u>Item</u> <u>Code:</u>	<u>Tarrif:</u>	<u>Rate:</u>	<u>Qty:</u>	<u>Price Per</u> <u>Case:</u>	<u>Gross</u> <u>(Excl)</u>	<u>Disc:</u>	<u>Nett</u> <u>(Excl):</u>	<u>Tax</u>	<u>Nett</u> <u>(Incl)</u>	<u>SBL</u> <u>(Incl)</u>
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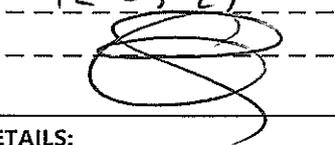
SMIRNOFF: SMIRNOFF DBL BLACK (DIAGEO) 24 X 250ML

103997			4800.000	48.56	233088.000	0.00	233088.00	34963.20	233088.00	
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Comment: 5704620570

Received By: 

Date: 12-03-25

Signed: 

Total Gross (Excl) 233088.00

Total Discount 0.00

Total Nett (Excl) 233088.00

Total Tax 34963.20

Total Nett (Incl) ZAR 268051.20

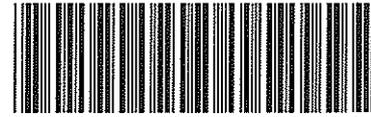
Total SBL (Incl)

BANKING DETAILS:

Bank: FNB
Acc. Name: Chill Beverages International(Pty) Ltd
Account No: 62070169919
Branch No: 204109
Acc. Type: Business CurrentAccount



Transfer OUT



4252539490

A Brambles Company

From: CHEP Global ID: 2700014761 Address : Chill Beverages International 2 C Van Rynevekd Street Postnet Suite 83 STELLENBOSCH 7599 SOUTH AFRICA Tel: 0218868842 Fax: 0218871005	References: Reference: 5704620570 Other Reference: 477658	Dates : Shipment Date: 12/03/2025 Effective Date: 12/03/2025 Capture Date: 12/03/2025
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Transporter: Own Transport	Vehicle Reg No: HML453FS
Shipped To: CHEP Global ID: 2700048462 Address: Liquor Runners Cape Town CC Kuilsriver 31 Industrie Street CAPE TOWN 7580 SOUTH AFRICA Tel: 0219038874 Fax: 0219033880	Notes(Hand Written): Created by: pp-jacobsric fgwadmin@chillbev.co.za

Equipment	Quantity
1-B1210A-1200x1000 Block Pallet	30
Total	30

Shipper's Signature	Received By 	Driver Name Fezekile
Date Received	Receiver's Signature and Date 12-03-25	Driver's Signature

00132990
UNISTO RSA



00132919
UNISTO RSA



00132918
UNISTO RSA



00132917
UNISTO RSA



00132916
UNISTO RSA



00132915
UNISTO RSA



00132914
UNISTO RSA



00132913
UNISTO RSA



00132912
UNISTO RSA



00132911
UNISTO RSA



L	ACCIDENT- INCIDENT INVESTIGATION FORM	HSE-INC-04
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INCIDENT NUMBER: (Number as per Libra)	CPT3197
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Detailed Information

Date	Time	Depot	Location of incident
12.03.2025	0737	Cape Town	Receiving area
Depot Manager	Contact Details	National Risk/ SHEQ Manager	Contact Details
Pieter Le Roux	0219038874	Delmi Oosthuizen	0714828974

Classification	Near miss	<input type="checkbox"/>	First Aid	<input type="checkbox"/>	Medical treatment	<input type="checkbox"/>	Hospitalization	<input type="checkbox"/>
	Environmental incident	<input type="checkbox"/>	Stock damage	<input type="checkbox"/>	Truck accident	<input type="checkbox"/>	LMV Accident	<input type="checkbox"/>
	Property Damage	<input type="checkbox"/>	Forklift Accident	<input type="checkbox"/>	Quality	<input checked="" type="checkbox"/>	Security Incident (specify)	<input type="checkbox"/>

Incident description	GRV13548 - 1 cases damage at the time of delivery.
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Detailed Event Description

GRV13548 - DL25055 1 cases damage at the time of delivery.

Immediate Action Taken

- OB Raised
- Photos Taken
- Incident report initiated

Additional information to be included into report

Truck / Vehicle accidents	Driver statement		3 rd Party statement (if appl)		Video footage available	
	Case number		Drawing of accident scene		Photo's of accident scene	
	Driver's PrDP					
FLT accident	Breathalyzer test done		FLT driver license		Video footage available	
Injury	Training records		Induction		Video footage available	

Event Causes (Root Cause/as per 5WHY assessment)

	ACCIDENT- INCIDENT INVESTIGATION FORM	HSE-INC-04
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Why 1:	n/a
Why 2:	n/a
Why 3:	n/a
Why 4:	n/a
Why 5:	n/a

ROOT CAUSE	n/a
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Event Corrective Actions/Preventative actions as per 5 WHY assessment	Date	Responsibility
n/a		
n/a		

Corrective Actions Verified, Approved and implementation ensured by

Name and Surname	Signature	Date	Position
n/a			

Incident status

OPEN	<input type="checkbox"/>	CLOSED	<input checked="" type="checkbox"/>
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Investigation Team

Name and Surname	Title
Brock Tharpe	IBT Manager



ACCIDENT- INCIDENT INVESTIGATION FORM

HSE-INC-04

ANNEXURE

Statement	Licenses
ADD statement here	Add license here
Photos	Other
Other	Other



ACCIDENT- INCIDENT INVESTIGATION FORM

HSE-INC-04

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