

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

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Kuilsrivier
Cape Town



(021) 903 3880

(021) 903 8874

Pieter@lrsc.co.za

Liquor Runners Cape Town

Http://www.lrsa.co.za

GRV for Diageo South Africa - LRSA NR: 13596 (GRV)

Receiver: Curtis Jacobs
Checker: Curtis Jacobs
Warehouse: CHILL BEVERAGES
Sender Ref 1: 1055614391
Receive Date: 2025-03-20
WarehouseRecv: LR CAPE TOWN
Sender Ref 2: 5704629323

SKU Code	Stock Description	Bin	Batch Number	QTY(Cases)	QTY(Units)
796493	SMIRNOFF ICE BERRY TWIST (24 X 440ML)	15/03/2026	CL25074CHI	2700	64800
				2,700.00	64,800.00
			Total QTY Received	2,700.00	64,800.00

1 CASE Damage / Leaking

OB # 5408

Checked By: CURTIS
Transport Company: LR TRANSPORT

Receiver: HML464FS
Checker: JACKSON
Driver Signature: Jackson

20/03/2025 07:56:14 AM

LIQUOR RUNNERS CAPE TOWN

GOODS RECEIVED VOUCHER

2679

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

GRV 13596

DRIVER NAME: Jackson

HIRE TRANSPORTATION CC. (if delivered by Hire Vehicle)	LR Transport
LOAD SHEET No. 105614 391/5704629323	VEHICLE REG. No. HML464FS

CUSTOMER Diego	DATE RECEIVED 20/03/2025
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	DESCRIPTION	RECEIVED		Cases Received Damaged	Units Received Damaged	REMARKS INV. NO. / UPLIFT NO.
		Cases	Units			
1)	Smirnoff Ice Berry Twist 400ml	2700		1		CL25014
2)	RTD					BB-15/03/25
3)						
4)						
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: 2700 1 30pts

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

CHECKED ON RECEIPT BY: Bradley	DRIVER: Jackson
TIME COMPLETED: _____	PAGE: 1 PAGE: 1



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:	4904496081
Warehouse:	FG01

Sales Order :	478592
Invoice No:	10545866
Invoice Date:	2025-03-19

<u>Item Code:</u>	<u>Tarrif:</u>	<u>Rate:</u>	<u>Qty:</u>	<u>Price Per Case:</u>	<u>Gross (Excl):</u>	<u>Disc:</u>	<u>Nett (Excl):</u>	<u>Tax</u>	<u>Nett (Incl)</u>	<u>SBL (Incl)</u>
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SMIRNOFF: SMIRNOFF BERRY TWIST (DIAGEO) 24 X 440ML

103998			2700.000	54.51	147177.000	0.00	147177.00	22076.55	147177.00	
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Comment: 5704629323

Received By: *CURTIS*

Date: *20-03-25*

Signed: *[Signature]*

Total Gross (Excl) 147177.00

Total Discount 0.00

Total Nett (Excl) 147177.00

Total Tax 22076.55

Total Nett (Incl) ZAR 169253.55

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



4252601108

A Brambles Company

From:	References:	Dates :
CHEP Global ID: 2700014761 Address : Chill Beverages International 2 C Van Rynevekd Street Postnet Suite 83 STELLENBOSCH 7599 SOUTH AFRICA Tel: 0218868842 Fax: 0218871005	Reference: 5704629323 Other Reference: 478592 <i>1055614391</i>	Shipment Date: 19/03/2025 Effective Date: 19/03/2025 Capture Date: 19/03/2025

Transporter: Own Transport	Vehicle Reg No: HML464FS
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 <i>Curtis</i>	Driver Name Jackson
Date Received	Receiver's Signature and Date <i>[Signature]</i> 20.03.20	Driver's Signature

UNISTO RSA
✓

UNISTO RSA
✓

00120998
UNISTO RSA
✓

00120927
UNISTO RSA
✓

00190991
UNISTO RSA
✓ Jackson

UNISTO RSA
✓

[Signature]
20/05/25

4.	ACCIDENT- INCIDENT INVESTIGATION FORM	HSE-INC-04
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INCIDENT NUMBER: (Number as per Libra)	CPT3240
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Detailed Information

Date	Time	Depot	Location of incident
20/03/2025	0835	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 checked="" type="checkbox"/>	Truck accident	<input type="checkbox"/>	LMV Accident	<input type="checkbox"/>
	Property Damage	<input type="checkbox"/>	Forklift Accident	<input type="checkbox"/>	Quality	<input type="checkbox"/>	Security Incident (specify)	<input type="checkbox"/>

Incident description	GRV 13596 – 1 case found damaged/leaking at time of receiving
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Detailed Event Description

GRV13596 - 1 case Smirnoff ice berry twist 440ml can found leaking at time of receiving.

Truck: HML464FS, Driver: Jackson, Delivering from: Chill Beverages

Immediate Action Taken

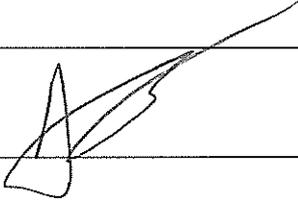
- Photos taken
- Raised OB
- Incident report initiated

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	

L	ACCIDENT- INCIDENT INVESTIGATION FORM	HSE-INC-04
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Event Causes (Root Cause/as per 5WHY assessment)			
Why 1:	n/a		
Why 2:	n/a		
Why 3:	n/a		
Why 4:	n/a		
Why 5:	n/a		
ROOT CAUSE	n/a		
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
Incident status			
OPEN	<input type="checkbox"/>	CLOSED	<input checked="" type="checkbox"/>

Investigation Team		
Name and Surname	Title	
Brock Tharpe	IBT Manager	

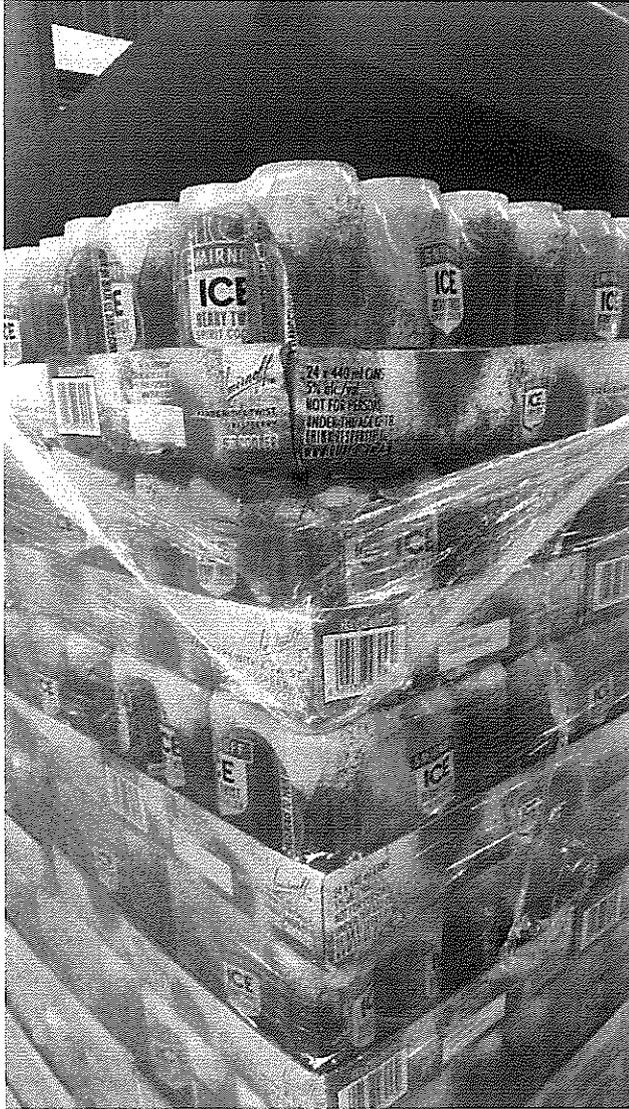
ANNEXURE

Statement	Licenses
ADD statement here	Add license here
Photos	Other

4.

ACCIDENT- INCIDENT INVESTIGATION FORM

HSE-INC-04



Other

Other