

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



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

(021) 903 3880

(021) 903 8874

Pieter@lrsa.co.za

Liquor Runners Cape Town

Http://www.lrsa.co.za

GRV for Diageo South Africa - LRSA NR: 14527 (GRV)

Receiver: Buhle Gxaba
Checker: Buhle Gxaba
Warehouse: Diageo
Sender Ref 1:
Truck Reg: JBB899FS
Receive Date: 2025-07-23
WarehouseRecv: Cape Town
Sender Ref 2: 5704707984
Driver Name: L BHABHA

| SKU Code | Stock Description | Bin | Batch Number | QTY(Cases) | QTY(Units) |
|-----------------------|---|---------|---------------------------|-----------------|-------------------|
| Stock Received | | | | | |
| 796307 | SMIRNOFF DOUBLE BLACK GUARANA (24 X 250M) | 01BB01C | AL25201CHI | 4800 | 115200 |
| | | | | 4,800.00 | 115,200.00 |
| | | | Total QTY Received | 4,800.00 | 115,200.00 |

1 case leaking

Checked By: _____

Transport Company: _____

Receiver Signature: _____

Driver Signature: _____



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: | 4904550111 |
| Warehouse: | FG01 |

| | |
|----------------------|------------|
| Sales Order : | 491590 |
| Invoice No: | 10556868 |
| Invoice Date: | 2025-07-23 |

| <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> |
|-------------------|----------------|--------------|-------------|------------------------|----------------------|--------------|---------------------|------------|--------------------|-------------------|
|-------------------|----------------|--------------|-------------|------------------------|----------------------|--------------|---------------------|------------|--------------------|-------------------|

SMIRNOFF: SMIRNOFF DBL BLACK (DIAGEO) 24 X 250ML

| | | | | | | | | | |
|--------|--|--|----------|-------|------------|------|------------|----------|-----------|
| 103997 | | | 4800.000 | 48.63 | 233424.000 | 0.00 | 233424.000 | 35013.60 | 233424.00 |
|--------|--|--|----------|-------|------------|------|------------|----------|-----------|

Comment: 5704707984

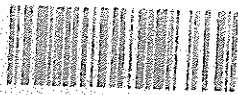
Liquor Runner Cape Town (Pty) Ltd
is a registered National Distributor
REG. NO. RG004327

Received By: *Banie*
Date: *23/07/25*
Signed: *[Signature]*

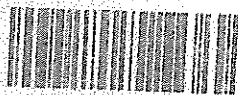
| | | |
|--------------------------|-----|-----------|
| Total Gross (Excl) | | 233424.00 |
| Total Discount | | 0.00 |
| Total Nett (Excl) | | 233424.00 |
| Total Tax | | 35013.60 |
| Total Nett (Incl) | ZAR | 268437.60 |
| Total SBL (Incl) | | |

BANKING DETAILS:

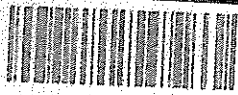
Bank: FNB
Acc. Name: Chill Beverages International(Pty) Ltd
Account No: 62070169919
Branch No: 204109
Acc. Type: Business CurrentAccount



00172090
UNISTO RSA



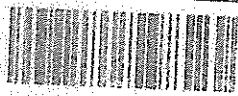
00172089
UNISTO RSA



00172088
UNISTO RSA



00172087
UNISTO RSA



00172086
UNISTO RSA



00172085
UNISTO RSA



00172084
UNISTO RSA

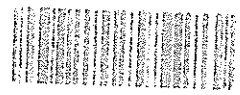


Liquor Runner Cape Town (Pty) Ltd
is a registered National Distributor

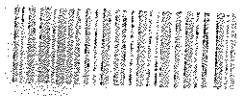
REG. NO. RG004327



00172083
UNISTO RSA



00172082
UNISTO RSA



00172081
UNISTO RSA





Liquor Runners

NCR No: 5878
~~58781~~

| Identification | |
|--|--------------------------------|
| 1. Principal: Diageo | 2. Date: 23/07/2025 |
| 3. Transporter & Driver's name: LR Transport Leletu | 4. Doc No & GRV No: 5704707984 |

| Product SKU and Description: | Batch / Lot / BB Date: | Quantity: |
|--|------------------------|-----------|
| Smirnoff Ice Double Black Guaraná 250ml | AL25201/20/07/26 | 1X case |
| | | |
| | | |

5. Description of non-conformance
Damage was discovered on the truck before offloading.

10. Correction: (What action is going to be taken with this non-conforming batch/materials/product)
Report on OB.

11. Any further action to be taken (To be completed by SHEQ Specialist)

| | |
|-----------------|-----------|
| Responsibility: | Due Date: |
|-----------------|-----------|

Closing the Non Conformance (To be completed once correction has been taken and verified)

12. Planned Action has been completed, and correction and corrective action has been initiated
YES/NO

13. Write Off Number / Posting Number

| | |
|---------------------|-------|
| Department Manager: | Date: |
|---------------------|-------|

NB: ALL REWORK AND/OR UPLIFTMENT DOCUMENTS TO BE KEPT AS PROOF

| | | |
|---|--|------------|
|  | ACCIDENT- INCIDENT INVESTIGATION FORM | HSE-INC-04 |
|---|--|------------|

| | |
|---|----------------|
| INCIDENT NUMBER: (Number as per Libra) | OB 5878 |
|---|----------------|

Detailed Information

| | | | |
|----------------|-----------------|-----------------------------|----------------------|
| Date | Time | Depot | Location of incident |
| 23.07.2025 | 11:00 | Cape Town | Receiving Yard |
| 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 | Damage unit |
|-----------------------------|--------------------|

Detailed Event Description

While offloading JBB899FS we found 1case Smirnoff double black Damaged and leaking
 Batch AL25201CHI
 Sto 5704707984
 Driver Lelethu

Immediate Action Taken

Pictures Taken
 Report on OB

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)

| | |
|--------|----------------------------|
| Why 1: | . stack damage |
| Why 2: | . quality of cans not good |
| Why 3: | . damaged while loading |

| | | |
|---|---------------------------------------|------------|
|  | ACCIDENT- INCIDENT INVESTIGATION FORM | HSE-INC-04 |
|---|---------------------------------------|------------|

| | | | |
|---|--------------------------|----------------|-------------------------------------|
| Why 4: | | | |
| Why 5: | | | |
| ROOT CAUSE | Factory Fault | | |
| 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 | n/a | | |
| Incident status | | | |
| OPEN | <input type="checkbox"/> | CLOSED | <input checked="" type="checkbox"/> |

| | | |
|--------------------|----------------|--|
| Investigation Team | | |
| Name and Surname | Title | |
| Charles Hendricks | IBT Controller | |

ANNEXURE

| | |
|--------------------|------------------|
| Statement | Licenses |
| ADD statement here | Add license here |



ACCIDENT- INCIDENT INVESTIGATION FORM

HSE-INC-04



Photos

Other

4.

ACCIDENT- INCIDENT INVESTIGATION FORM

HSE-INC-04



Other

Other

REVISION NO: 05
DATE: 14/11/2024

LIQUOR RUNNERS

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| | |
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|--|--|