

Packing list: SO-9533 - 1171924086 -

Created: 2025-02-03

Customer:

SCS001 - 39948 Shoprite Checkers DC
Basson (CPT)

Bill to:

Cecil Morgan Drive
Cape Town
Western Cape 7560, South Africa

Delivery deadline:

2025-02-07

Customer reference:

Ship to:

Cecil Morgan Drive
Cape Town
Western Cape 7560, South Africa

| Item | Quantity |
|---|-----------|
| 1 [A01-017.440.5%.24CS] CAN/RTD Pina Colada Summer Cup - 24x440ml 5% - Ginologist Range | 3 Cases |
| 2 [A01-001.750.43%.6CS] Citrus Gin - 6x750ml 43% - Ginologist Range | 6 Cases |
| 3 [A01-003.750.43%.6CS] Floral Gin - 6x750ml 43% - Ginologist Range | 4 Cases |
| 4 [CR26-005.440.5%.24CS] CAN/RTD Peach & Mango RTD - 24x440ml 5% - Ginologist Range | 149 Cases |
| 5 [CR26-006.440.5%.24CS] CAN/RTD Tequila Sunrise RTD - 24x440ml 5% - Contract Range | 156 Cases |
| 6 [WP001.HT] Wooden Pallet - Blue Block 1200x1000 - Chep | 7 Ea |

not Captured
not Captured
not Captured

LWANDILE



05-02-25

REG NADIASUP

Liquor Runner Cape Town cc.
is a registered National Distributor
REG. NO. RO004327

Craft Link Distillery

1 Fox St, Ferreiras Dorp, Johannesburg,
Gauteng 2048, South Africa

1/1

Printed on 2025-02-04
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Waybill

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Waybill No:



CRL1612

Consignment Date: 05/Feb/2025

Print Date: 05/Feb/2025

Revision No: 1

Bill Account:

Company Information

EMIT REVERSING TIME

Reg No: 2006/034476/07

Address: P.O. BOX 1412

Phone No: 087 138 5550

KEMPTON PARK

Email: customercare@emit.co.za

1620

From: Liquor Runner Cape Town PTY LTD (CRL001)
c/o Range and Anfield road
Blackheath
Capetown
BLACKHEATH (CPT)

Contact: Sandra Erasmus
Email: receptioncpt@lrsa.co.za
Telephone: 021 903 8874

To: Shoprite Checkers DC Basson (CPT) ()
Cecil Morgan Drive
Cape Town
Western Cape
CAPE TOWN (CPT)

Contact:
Email:
Telephone:

Service Code: RETAIL
Weight: 3400.00
Vol Weight: 960.00
Pieces: 4
Ref No: SO - 9533

Comments:

Delivery Instructions:

Date - 11/02/2025
Time - 10:30

Insurance: Yes ☐
No ☐

Invoice Value:

Invoice No:

Dimension Summary

| Items | Desc | Length | Width | Height | Weight | Pcl No |
|-------|--------|--------|--------|--------|---------|-------------|
| 4 | Pallet | 100.00 | 120.00 | 100.00 | 3400.00 | CRL1612/001 |

Dimension Summary

| Items | Desc | Length | Width | Height | Weight | Pcl No |
|-------|------|--------|-------|--------|--------|--------|
|-------|------|--------|-------|--------|--------|--------|

DESCRIPTION OF GOODS

I AGREE TO BE BOUND BY
THE STANDARD CONDITIONS
OF CARRIAGE

CONSIGNOR / SENDER
PRINT NAME: CURTIS
SIGNATURE: [Signature]
DATE: 05-02-25 TIME: _____



RECEIVED BY EMIT REVERSING TIME

PRINT NAME: LWANDILE
ID NO: _____
SIGNATURE: [Signature]
DATE: 05-02-25 TIME: _____

RECEIVED IN GOOD ORDER BY CONSIGNEE:

RECEIVED CUSTOMS DOCUMENTATION:

PRINT NAME: _____
ID NO: _____
SIGNATURE: _____
DATE: _____ TIME: _____

| | | |
|--|-------------------------------|---|
| Shipper's Signature  | Received By | Driver Name LWANDILE |
| Date Received | Receiver's Signature and Date | Driver's Signature  |

DRIVING LICENCE **SADU** **SOUTH AFRICA**

SAADU
ZA

ARTADE CHAUHAN
LAKHES

ID No: 02/8710045451081 **HALE**

Birth: 04/10/1987 **ZA** **Restriction:** 1

Expiry Date: 01/01/2018 **Age:** 31

Valid: 07/04/2012 - 09/08/2020

Class: 2

Vehicle Category: C1

Expiry Date: 01/01/2018

Signature: [Signature]

Valid: 05/05/2006

DRIVER RESTRICTIONS

1. None
2. Glasses / Contact lenses
3. Artificial limbs

VEHICLE CATEGORIES

1. Passenger
2. Goods
3. Dangerous goods

VEHICLE RESTRICTIONS

1. None
2. Automatic transmission
3. Electrically powered
4. Physically disabled
5. GVM > 1000 kg (GVM) permitted

DRIVER RESTRICTIONS

A **A1** **< 125 cc**

B **GVM < 2500 kg**

C1 **GVM < 7500 kg**

C **GVM > 7500 kg**

EB **EC1**

EC **EC**

Fingerprint: [Fingerprint]

POD Separator Page

POD Separator Page

POD Separator Page

POD Separator Page

POD Separator Page

POD Separator Page

POD Separator Page

Packing list: SO-9550 - CPT JE00004271 -

Created: 2025-02-04

Customer:
TRV001-TourVest Retail Services

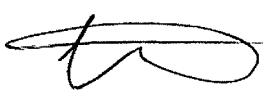
Delivery deadline:
2025-02-07

Customer reference:

Bill to:
CNR Springbok & Taaljaard Roads, Unit B2, Anchor
Industrial Park Bartlett
Boksburg
Gauteng 1459

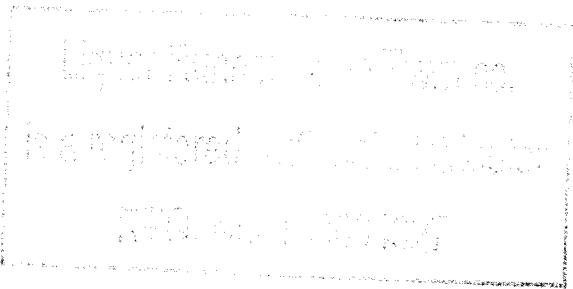
Ship to:
CNR Springbok & Taaljaard Roads, Unit B2, Anchor Industrial
Park Bartlett
Boksburg
Gauteng 1459

| Item | Quantity |
|--|----------|
| 1 [A01-016.440.5%.24CS] CAN/RTD Gin & Tonic - 24x440ml 5% - Ginologist Range | 55 Cases |

LWANDILE

05-02-25
REG NADIA SGP

Total units:

55 Cases





Waybill

Page 1 of 1

Waybill No:



CRL1613

Consignment Date: 05/Feb/2025

Print Date: 05/Feb/2025

Revision No: 1

Bill Account:

Company Information

EMIT REVERSING TIME

Reg No: 2006/034476/07

Address: P.O. BOX 1412

Phone No: 087 138 5550

KEMPTON PARK

Email: customercare@emit.co.za

1620

From: Liquor Runner Cape Town PTY LTD (CRL001)
c/o Range and Anfield road
Blackheath
Capetown
BLACKHEATH (CPT)

Contact: Sandra Erasmus

Email: receptioncpt@lrsa.co.za

Telephone: 021 903 8874

To: Tourvest Retail Services ()
Cape Town Fly Safair/Food Direction Building
80 Montreal Drive
80 Montreal Drive
MATROOSFONTEIN (CPT)

Contact: Shakir

Email: shakir@fdcatering.co.za

Telephone: 27 72 996 8196

Service Code: DOOR
Weight: 630.00
Vol Weight: 192.00
Pieces: 1
Ref No: SO - 9550

Comments:

Delivery Instructions:

Date - 07/02/2025
Time - 08:00 - 15:00

Insurance: Yes ☐
No ☐

Invoice Value:

Invoice No:

Dimension Summary

| Items | Desc | Length | Width | Height | Weight | Pcl No |
|-------|--------|--------|--------|--------|--------|-------------|
| 1 | Pallet | 100.00 | 120.00 | 80.00 | 630.00 | CRL1613/001 |

Dimension Summary

| Items | Desc | Length | Width | Height | Weight | Pcl No |
|-------|------|--------|-------|--------|--------|--------|
|-------|------|--------|-------|--------|--------|--------|

DESCRIPTION OF GOODS

I AGREE TO BE BOUND BY
THE STANDARD CONDITIONS
OF CARRIAGE

CONSIGNOR / SENDER

PRINT NAME: CueithSIGNATURE: [Signature]DATE: 05-02-25 TIME: _____

RECEIVED BY EMIT REVERSING TIME

PRINT NAME: LWANDILE

ID NO: _____

SIGNATURE: [Signature]DATE: 05-02-25 TIME: _____

RECEIVED IN GOOD ORDER BY CONSIGNEE:

RECEIVED CUSTOMS DOCUMENTATION:

PRINT NAME: _____

ID NO: _____

SIGNATURE: _____

DATE: _____ TIME: _____

