

C17229/17.02.25 Uplift

**GM APPROVED UPLIFTMENT
(NON-QUALITY UPLIFTMENT)**

DATE:

06/02/2025



SIGNAL HILL PRODUCTS

CUSTOMER DETAIL

| | | | |
|--|---|-------|--|
| OUTLET NAME: <i>Sunshine Electron</i> | ACCOUNT NUMBER (C-CODE): <i>C17229</i> | AREA: | GROUP ACCOUNT REFERENCE / CLAIM NUMBER: <i>502 809 5445</i> |
|--|---|-------|--|

| | | |
|--------------------------------------|------------------|---------------------|
| DISTRIBUTION CENTRE OFFICE USE ONLY: | SHIPMENT NUMBER: | CREDIT NOTE NUMBER: |
|--------------------------------------|------------------|---------------------|

PRODUCT DETAILS

| REPRESENTATIVE | | | | | | DRIVER | DISTRIBUTION CENTRE |
|--|---------------------------|---------------|--------------|------------------------|-----------------------|--------------|---------------------|
| PRODUCT CODE | PRODUCT DESCRIPTION | PACK SIZE | CASES / KEGS | BATCH NUMBER | EXPIRY DATE | CASES / KEGS | CASES / KEGS |
| <i>FG CD 052</i> | <i>Strongbow Gold</i> | <i>440 ml</i> | <i>90</i> | <i>A403471 0E1</i> | <i>End Nov 24</i> | | |
| <i>(Remaining rows are crossed out with a diagonal line)</i> | | | | | | | |

ONLY THE ABOVE APPROVED QUANTITIES & BATCHES WILL BE COLLECTED & CREDITED.

RETURN REASON

DESCRIPTION:

Short dated stock received.

AGREED UPLIFTMENT QUANTITIES & BATCHES (PRIOR TO UPLIFTMENT)

| | | |
|------------------------------|--------------------------------|-------------------------------|
| GENERAL MANAGER (SHP) | LOGISTICS MANAGER (SHP) | CUSTOMER |
| NAME: | NAME: | NAME: <i>Lesego Moolusi</i> |
| SIGNATURE: | SIGNATURE: | SIGNATURE: <i>(Signature)</i> |

UPLIFTMENT EXECUTED (DAY OF UPLIFTMENT)

| | | |
|-----------------|-------------------------------|----------------------------|
| CUSTOMER | DRIVER | DISTRIBUTION CENTRE |
| NAME: | NAME: <i>ELIAS</i> | NAME: |
| SIGNATURE: | SIGNATURE: <i>(Signature)</i> | SIGNATURE: |

NOTE: PLEASE NOTE THAT THIS IS NOT A CREDIT NOTE, but serves to inform the company that its sales representative recommends that a credit note be passed for the reason specified above. Should the Regional Sales Manager in his/her sole discretion accept this recommendation, a credit note will be passed in favour of the Customer. No refunds or product replacements will be given.

LIQUOR RUNNERS

Johannesburg

105697

GOODS RECEIVED VOUCHER

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

DRIVER NAME Elias

| | | | |
|--|---------------|----------------|-----------------|
| HIRE TRANSPORTATION CO. (If delivered by Hire Vehicle) | | | |
| LOAD SHEET No: | <u>311154</u> | VEHICLE REG No | <u>HJZ/38FJ</u> |
| CUSTOMER | <u>Bay 9</u> | DATE RECEIVED | |

| DESCRIPTION | RECEIVED | | Cases Received Damaged | Units Received Damaged | REMARKS INV. No. |
|-----------------------------|----------|-------|------------------------|------------------------|---------------------|
| | Cases | Units | | | |
| 1) SHP UPLIFT | | | 90 | | C17229 |
| 2) S/Bow Cold | | | | | |
| 3) (60ml) | | | | | |
| 4) | | | | | |
| 5) Whetby Nei) | | 10 | | | 1909604 |
| 6) Cin 750ml) | | | | | |
| 7) | | | | | |
| 8) | | | | | |
| 9) | | | | | |
| 10) | | | | | |
| 11) | | | | | |
| 12) | | | | | |
| 13) | | | | | |
| 14) | | | | | |
| 15) | | | | | |
| 16) | | | | | |
| 17) | | | | | |
| 18) | | | | | |
| 19) | | | | | |
| 20) | | | | | |
| PALLET CONTROL: GKN BLUE #1 | | | | | |
| ORDER | | | | | |
| TOTAL | | | | | |

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

| | |
|--------------------------------------|----------------------------|
| CHECKED ON RECEIPT BY: <u>Johank</u> | DRIVER: <u>[Signature]</u> |
| TIME COMPLETED: _____ | PAGE: _____ PAGE: <u>1</u> |

4 Ashworth Street
Linbro Park
Johannesburg
2090



4 Ashworth Street
Linbro Park
Johannesburg
2090

Hein@lrnsa.co.za

Liquor Runners Gauteng North JHBNORTHB

012 001 7105

www.lrsa.co.za

REQUEST FOR CREDIT - CR2389580 2025-02-18 08:21:59

LOAD SHEET Reference - LSID , DATE Delivered -

Reg. No. Truck Description Load Capacity Driver Name Dispatcher Checker

Reason for Credit: **Return Expiry Date Reached**

Customer Name: SUNSHINE CASH AND CARRY

Brief Description of Credit:

Principal Customer Code:

Doc. Date: 2025-02-13 Doc. Ref: C17229/17.02. GRV:

Credit Type: Upliftment Invoice Amt: R 0

| Stock Code | Stock Description | Unit | Packsize | Reason Code | Reason | Batch | QTY |
|------------|----------------------------------|------|------------|-------------|--------------------|-------|-----|
| FG CD-052 | STRONGBOW GOLD CAN 4 X 6 X 440ML | CS | 24 x 440ML | R1 | Return Expiry Date | | 90 |

Total Number of Items to be credited on Document Ref: C17229/17.02.25 UPLIFT (1 Product Type) 90

Authorized by: _____

[date]