

BECK FAMILY ESTATES



Tax Invoice

Ship -to Address:
Tops @ Malelane (63004)
 1240 Air Street
 Malelane
 1320

Bill-to Customer No: TOPS0094
Account Number: 4110168723
VAT Registration No: 73878
External Order: INV09631
Invoice Number: SO9912
Order No.: 08/01/2025
Invoice Date: Toine Shoeman
Rep Name: TUE
Delivery Date:

Postal Address:
 PO Box 39
 Malelane
 1320

Beck Family Estates (Pty) Ltd
VAT No: 4030252946
Reg No: 2000/024662/07
Liq Lic No: WCP/017838 | W/P/011955

Code	Item Description	Warehouse Name	QTY	Unit of Measure	Price (Ex)	Price (In)	Disc %	Nett Total (Ex)	Tax	Nett Total (In)
100635/300630	GB Brut NV 750ml	Kirk Nelspruit	2.00	Case - 06 x 750ml	976.68	1 123.20	0.0 %	1 953.36	293.00	2 246.36
100669/312948	GB Bliss Nectar NV	Kirk Nelspruit	2.00	Case - 06 x 750ml	976.68	1 123.20	0.0 %	1 953.36	293.00	2 246.36
100673/300668	GB Brut Rose NV 750ml	Kirk Nelspruit	1.00	Case - 06 x 750ml	976.68	1 123.20	0.0 %	976.68	146.50	1 123.18
101789/317271	SB SauvBlanc 2024	Kirk Nelspruit	1.00	Case - 06 x 750ml	687.66	790.81	0.0 %	687.66	103.15	790.81
101798/302874	SB Brut 1682 Chardonnay	Kirk Nelspruit	3.00	Case - 06 x 750ml	1 066.98	1 227.03	0.0 %	3 200.94	480.14	3 681.08

Received By: M. N. N. N.
Tops @ Malelane
Date: 0131092001570025
Signed: [Signature]
Fax: 013 790 0179

Banking Details	Beck Family Estates (Pty) Ltd
Account Name	Beck Family Estates (Pty) Ltd
Bank Name	FNB
Bank Account	62699638626
Branch Code	210554
SWIFT Code	FIRZAJJ
Payment Ref	TOPS0094 INV09631
Total (Excl)	8 772.00
Tax 15.00 %	1 315.79
Total (Incl)	10 087.79
Discount	0.00
Total (Incl)	10 087.79

Beck Family Estates (Pty) Ltd
 Telephone: 021 870 1130 Email: bfe@liquorgistics.co.za
 Physical Address: Observatory Business Park, 2 Fir Street, Observatory, Cape Town, 7925
 Postal Address: PO Box 7198, Noorder Paarl, Western Cape, 7646

NATIONAL PARK LIQUOR STORES (PTY) LTD
t/a TOPS MALALANE
PO BOX 280 MALALANE 1320, TEL: (013) 790 0157
EMAIL: tops@edflex.co.za

GOODS RECEIPT 40941

Received from Supplier:.....

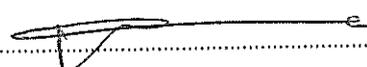
BECK FAMILY ESTATE

Supplier Invoice No.:..... 09631.....

Courier Details:..... 0207.....

Date:..... 14/01/2025.....

Goods Received By (Print Name)..... ANDRÉ.....

Signature:..... .....

Document Amount (in Rands)..... R 10 087.79.....

Claim --A/V Number:..... Claim Amount:.....

CONTENTS NOT CHECKED

IF PAID	
CHEQUE No.:	
AMOUNT	
DATE	