BECK FAMILY ESTATES

GRAHAM BECK METHODE CAP CLASSIQUE

STEENBERG VINEYARDS

ALLURE

Tax Invoice

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

Bill-to Customer No:

Account Number	TOPS0094
VAT Registration No	4110168723
External Order	74447
Invoice Number	INV10316
Order No.	SO10630
Invoice Date	20/02/2025
Rep Name	Toine Shoeman
Delivery Date	TUE

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 | WP/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	4.00	Case - 06 x 750ml	976.68	1 123.20	0.0 %	3 906.78	586.02	4 492.80
100669/312948	GB Bliss Nectar NV	Kirk Nelspruit	1.00	Case - 06 x 750ml	976.68	1 123.20	0.0 %	976.70	146.50	1 123.20
100673/300668	GB Brut Rose NV 750ml	Kirk Nelspruit	1.00	Case - 06 x 750ml	976.68	1 123.20	0.0 %	976.70	146.50	1 123.20
101798/302874	SB Brut 1682 Chardonnay	Kirk Nelspruit	4.00	Case - 06 x 750ml	1 066.98	1 227.00	0.0 %	4 267.83	640.17	4 908.00

Tops at Malelane
Tel: 013 790 0157
Fax: 013 790 0179

Banking Details

Account Name	Beck Family Estates (Pty) Ltd
Bank Name	FNB
Bank Account	62699638626
Branch Code	210554
SWIFT Code	FIRNZAJJ
Payment Ref	TOPS0094 INV10316

Received By ANDILA
Date 25/02/25
Signed

Total (Excl)	10 128.01
Tax 15.00 %	1 519.19
Total (Incl)	**11 647.20**
Discount	0.00
Total (Incl)	**11 647.20**

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@edlex.co.za

GOODS RECEIPT 41334

Received from Supplier: Beuk Family Estate

Supplier Invoice No.: 10316

Courier Details: DUX

Date: 25/02/2025

Goods Received By (Print Name): ANDA

Signature:

Document Amount (in Rands): R 11 647.20

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

CONTENTS NOT CHECKED

IF PAID	
CHEQUE No.:	
AMOUNT	
DATE	