



Commodity Procurement Services T/A Independent Liquor SA  
 Cosmo Business Park  
 81 Malta Street Cosmo City Ext 15 - 2188  
 0117086542/3  
 Liquor Licence: GLB7000000928  
 VAT No - 4040145486

# INDEPENDENT LIQUOR

# TAX INVOICE

Invoice: **103792**

Invoice Date : **02/05/2025**  
 Terms : **Due end of next month**  
 Order No: : **Sifiso (75549)**

Salesperson : **Mary Kirby**

**Bill To**

**Spar Lowveld - 603372**  
 THE SPAR GROUP LIMITED t/a SPAR LOWVELD  
 1 Christy Crescent  
 Nelspruit  
 Mpumalanga  
 1390

**Ship To**

Tops @ Malelane - 63004  
 1240 Air Street  
 Malelane Mpumalanga 1320  
 VAT:4110168723  
 TOPS63004

Item & Description	Item Code	Warehouse	Qty	Unit Price	VAT %	Net Price (Excl)
BOKSHOT - Peppermint & Marula Cream Liqueur infused with Tequila - 15.5% Alc/Vol, 750ml Bottle - 6009822690974	BOKSHO T	JHB - Liquor Runners	6.00 ea	145.87	15.00	875.22
Tiqple - Tequila & Salted Caramel Cream Liqueur - 15.5% Alc/Vol. - 750ml Bottle - 6009822690455	TEQCAR	JHB - Liquor Runners	6.00 ea	151.63	15.00	909.78

BANK DETAILS - COMMODITY PROCUREMENT SERVICES  
 NEDBANK  
 Branch Code: 128605  
 A/C No. 101 870 2253  
 REF: **103792**

Sub Total (excl) 1,785.00  
 VAT (15%) 267.75  
**Total R2,052.75**  
**Balance Due R2,052.75**

Notes

Thank you for your business - We really do appreciate it.  
 Terms & Conditions  
 We cannot be held responsible for shortages for stock not checked.  
 Please also note we are not responsible for stock that has expired in your store!

  
 M.B. Harris

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

**PLEASE CHECK STOCK BEFORE SIGNING & ACCEPTING!!**

**IF THERE ARE ANY ISSUES,  
 SIGN WITH NAME.**

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**      **42249**

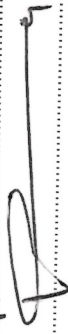
Received from Supplier:.....  
**INDEPENDENT LIQUOR**

Supplier Invoice No.:..... **103792**

Courier Details:..... **DUN**

Date:..... **13/05/2025**

Goods Received By (Print Name)..... **M. ANDU**

Signature:..... 

Document Amount (in Rands)..... **R 2 052.75**

Claim --AV Number:..... Claim Amount:.....  
**CONTENTS NOT CHECKED**

IF PAID	
CHEQUE No.:	
AMOUNT	
DATE	

MINUTEMAN PRESS (445540) Tel: 013 752 2523