

BECK FAMILY ESTATES



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 75623
 Invoice Number INV11462
 Order No. SO11799
 Invoice Date 02/05/2025
 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	Liquor Runners JHB	5.00	Case - 06 x 750ml	1 020.00	1 173.00	10.0 %	4 590.00	688.50	5 278.50
100669/312948	GB Bliss Nectar NV	Liquor Runners JHB	1.00	Case - 06 x 750ml	1 020.00	1 173.00	10.0 %	918.00	137.70	1 055.70
101798/302874	SB Brut 1682 Chardonnay	Liquor Runners JHB	5.00	Case - 06 x 750ml	1 119.00	1 286.85	0.0 %	5 595.00	839.25	6 434.25
105330/314313	ALL De-Alcoholised Sparkling	Liquor Runners JHB	1.00	Case - 06 x 750ml	690.00	793.50	0.0 %	690.00	103.50	793.50

HARRIS

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 FIRZAJJ
 Payment Ref TOPS0094 INV11462

Received By *[Signature]*
Date 13/05/25
Signed *[Signature]*

Total (Excl)	11 793.00
Tax 15.00 %	1 768.95
Total (Incl)	13 561.95
Discount	0.00
Total (Incl)	13 561.95

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 **42245**

Received from Supplier:.....

PEUK FAMILY

Supplier Invoice No:.....

11462

Courier Details:.....

Dawa

Date:.....

13/05/2005

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

N. P. P. P. P.

Signature:.....



Document Amount

R 13 561.95

(in Rands).....

Claim --AV Number:..... Claim Amount:.....

CONTENTS NOT CHECKED

IF PAID	
CHEQUE No.:	
AMOUNT	
DATE	

MINUTEMAN PRESS (445540) Tel: 013 752 2523