



Tax Invoice

Charge To:
 SPAR LOWVELD
 P O BOX 33
 vendor 601266 PORTEL
 1200 NELSPRUIT
 CYNTHIA FRANCIS

Gauteng LR
 Posbus 544
 UPINGTON, 8800
 South Africa

Registration No. 2023/694851/07
 Liquor Licence No. RG0000760
 VAT Registration No. 4550115309
 NCR No. NCRCP20019

Ship-to Address
 529-237020

TOPS @ MALELANE 63004
 SHOP NO 90, INKWAZI SHOPPING CENTRE
 AIR STREET, ERF 1041
 1320 MALELANE

Email debtors@owk.co.za
 Salesperson Lowveld
External Document No. 2047561 / SFISO
 Customer VAT Reg. No: 4110168723
Invoice No. RIA12365964
 Document Date 15 May 2025
 Due Date 30 June 2025
 Customer Liquor Licence No. MPU/024515 -LICENCE

No.	Description	Quantity	Unit of Measure	Unit Price		Disc. %	VAT %	Line Amount	
				Excl. VAT	Incl. VAT			Excl. VAT	Incl. VAT
89020	ISLAND VIEW SWEET RED 5L	1	4 X 5L	677.764			15	677.76	
89009	ISLAND VIEW NATURAL SWEET ROSE 5L	1	4 X 5L	590.352			15	590.34	
	Rounding (10c)	1		-0.02			0	-0.02	
Total Litres				1491.50				1,268.08	
					Subtotal			190.22	
					VAT Amount			1,458.30	
					Total R Incl. VAT				

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

(Handwritten signature)
 HARRIS

Banking Details:

Bank	First National Bank (FNB)
Account No.	622 889 320 83
Bank Branch No.	230604
Your Reference	529-237020

No expired stock will be credited on accounts.

IMPORTANT NOTICE: Our banking details have not changed. We will not be liable for any loss that may be suffered resulting from any payment by you to an incorrect bank account (or bank account purporting to be Orange River Cellars). Please also pay special attention to any e-mails you may receive purporting to emanate from our offices, which may resemble our e-mail domain, regarding any change in banking details.

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

42332

Received from Supplier:.....


ORANGE RIVER

Supplier Invoice No.: 12365964

Courier Details: Own

Date: 20/05/28

Goods Received By (Print Name): THASAME

Signature: 

Document Amount (in Rands): R 1455,30

Claim --AV Number: Claim Amount:

CONTENTS NOT CHECKED

IF PAID	
CHEQUE No.:	
AMOUNT	
DATE	