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.	**2010403 / 74702**
Customer VAT Reg. No:	4110168723
Invoice No.	**RIA12365128**
Document Date	13 March 2025
Due Date	30 April 2025
Customer Liquor Licence No.	MPU/024515 -LICENCE

No.	Description	Quantity	Unit of Measure	Unit Price Excl. VAT	Disc. %	VAT %	Line Amount Excl. VAT
89012	ISLAND VIEW SWEET ROSE 3L	1	6 X 3L	573.9264	-5%	15	545.23
89013	ISLAND VIEW SWEET RED 3L	1	6 X 3L	616.5384	-5%	15	585.71
89015	ISLAND VIEW SWEET RED 1L	4	12X1L	353.4888		15	1,413.96
89016	ISLAND VIEW NATURAL SWEET ROSE 1L	3	12X1L	333.3912		15	1,000.17
	Rounding (10c)	1		-0.03		0	-0.03

Total Litres **1193.00**

Subtotal	**3,545.04**
VAT Amount	531.76
Total R Incl. VAT	**4,076.80**

Tops at Malelane
Tel 013 790 0157
Fax 013 790 0179

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 41581

Received from Supplier: Orange River Cellars

Supplier Invoice No.: 12365128

Courier Details: OWN

Date: 18/03/2025

Goods Received By (Print Name) ANDRE

Signature:

Document Amount (in Rands) R 4 076.80

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

CONTENTS NOT CHECKED

IF PAID	
CHEQUE No.:	
AMOUNT	
DATE	