



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.
 Liquor Licence No.
 VAT Registration No.
 NCR No.

2023/694851/07
 RG0000760
 450115309
 NCRCP20019

Ship-to Address
 529-237020

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

Email
 Salesperson

debtors@owk.co.za
 Lowveld
2038845 / 75598

Customer VAT Reg. No:

4110168723

Invoice No.
 RIA12365754

Document Date
 30 April 2025

Due Date
 31 May 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
89013	ISLAND VIEW SWEET RED 3L	1	6 X 3L	616.5384		-5%	15	585.71	
89015	ISLAND VIEW SWEET RED 1L	3	12X1L	353.4888			15	1,060.47	
89016	ISLAND VIEW NATURAL SWEET ROSE 1L	2	12X1L	333.3912			15	666.78	
Total Litres				1529.50				2,312.96	
								346.94	
								2,659.90	

Total R Incl. VAT

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

Nicholas
 [Signature]
 [Signature]

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 **42163**

Received from Supplier:.....

DANCIE RIVER CEWAALS

Supplier Invoice No:.....

12365754

Courier Details:.....

DUN

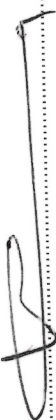
Date:.....

06/05/2025

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

M. DENOLA

Signature:.....



Document Amount (in Rands):.....

R 2 659.90

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

CONTENTS NOT CHECKED

IF PAID	
CHEQUE No.:	
AMOUNT	
DATE	

MINUTEMAN PRESS (445540) Tel: 013 752 2623