



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
 529-237034

Email: debtors@owk.co.za
 Salesperson Lowveld

External Document No. 2093010 / 49162
 Customer VAT Reg. No. 4730306893
 Invoice No. RIA12367334
 Document Date 30 July 2025
 Due Date 31 August 2025
 Customer Liquor Licence No. 9-2-1-05459 NOV 22

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No.	Description	Quantity	Unit of Measure	Unit Price	Excl. VAT	Disc. %	VAT %	Line Amount	Excl. VAT
31006	ORC WHITE MUSCADEL 750ML	1	6 X 750ml	529.6248		-8%	15	487.25	
31061	OLD BROWN TETRA 1L	1	12X1L	561.5148		-7%	15	522.20	
89015	ISLAND VIEW SWEET RED 1L	1	12X1L	353.4888			15	353.49	
89021	ISLAND VIEW DRY RED 1L	1	12X1L	353.4888			15	353.49	
	Rounding (10c)	1		-0.09			0	-0.09	
Total Litres				1887.00				1,716.34	
				Subtotal				1,716.34	
				VAT Amount				257.46	
				Total R Incl. VAT				1,973.80	

A. J. Bos

Banking Details:

Bank First National Bank (FNB)
 Account No. 622 889 320 83
 Bank Branch No. 230604
 Your Reference 529-237034

TOPS WESTEND
 Date: *31/07/25*
 GRV Number: *11-74*
 Received: *N. Bos*
 Verified: *[Signature]*
 Content's received: *Ed. mt. checked*

Receiver Name: _____ Date Received: _____ Signature: _____

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.



WESTEND

GOODS RECEIPT

GRV N^o 07474

Received from Supplier: _____

Orange River

Supplier Invoice No: _____

RIA 12367334

Courier Details: _____

Date: _____

6/8/2025

Goods Received By (Print Name): _____

Michael

Signature: _____

Mike

Document Amount:
(in Rands): _____

1973,80.

Claim - AV Number: _____ Claim Amount: _____