

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. 2104731 / 77251
Customer VAT Reg. No. 4110168723
Invoice No. RIA12367565
Document Date 14 August 2025
Due Date 30 September 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	
	Rounding (10c)	1		-0.08			0	-0.08	
Total Litres		100.50		Subtotal				1,130.86	
				VAT Amount				169.64	
				Total R Incl. VAT				1,300.50	

Banking Details:

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

Receiver Name: *N. Prins* Date Received: 19/08/25 Signature: *[Signature]*

[Signature] HAZZ'S
FAP 162 L

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

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 43341

Received from Supplier: Dance River Cenal

Supplier Invoice No: 12367565

Courier Details: OWN

Date: 19/08/2005

Goods Received By (Print Name): N. DADA

Signature: [Signature]

Document Amount (in Rands): R 1 300.50

Claim --AV Number: Claim Amount:

CONTENTS NOT CHECKED

IF PAID	
CHEQUE No.:	
AMOUNT	
DATE	

MINUTEMAN PRESS (445540) Tel: 013 752 2523