



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
4550115309
NCRCP20019

Ship-to Address
529-237034

TOPS AT WESTEND 80666
WESTEND SHOPPING CENTRE, SHOP 6
C/O MADIBA DRIVE & ENOS MABUZA DRIVE
1200 NELSPRUIT

Email
Salesperson

debtors@owk.co.za
Lowveld

External Document No.
Customer VAT Reg. No:

2106121 / 49410
4730306893

Invoice No.
Document Date

RIA12367678
22 August 2025

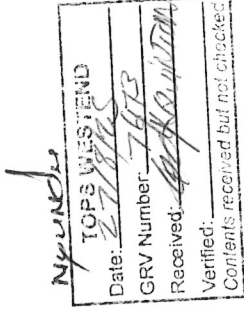
Due Date
Customer Liquor Licence No.

30 September 2025
9-2-1-05459 NOV 22

No.	Description	Quantity	Unit of Measure	Unit Price		Disc. %	VAT %		Line Amount	
				Excl. VAT					Excl. VAT	
21121	DRY RED TETRA 1L	1	12X1L	444.4656		-8%		15	408.91	
31061	OLD BROWN TETRA 1L	1	12X1L	561.5148		-7%		15	522.20	
89016	ISLAND VIEW NATURAL SWEET ROSE 1L	1	12X1L	333.3912				15	333.39	
89017	ISLAND VIEW LATE HARVEST 1L	1	12X1L	333.3912				15	333.39	
	Rounding (10c)	1		-0.07				0	-0.07	
Total Litres		367.50								
				Subtotal					1,597.82	
				VAT Amount					239.68	
				Total R Incl. VAT					1,837.50	

Banking Details:

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



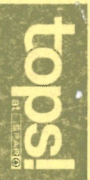
Receiver Name:

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 07673

Received from Supplier: _____

Orange River

Supplier Invoice No: _____

SEA12367678

Courier Details: _____

Date: _____

27/8/25

Goods Received By (Print Name): _____

ADRIAN

Signature: _____

[Signature]

Document Amount: _____

(in Rands): _____

1837.50

Claim - AV Number: _____

Claim Amount: _____