

TAX INVOICE COPY



Customer

VAT No. 4320156120
Liquor License No. 9-2-1-01823
Bill to Cust No. SPA004
Sell to Cust No. SPA4 63004
Delivery Address:
 Tops Malelane 63004 DS
 The Spar Group Ltd
 Malelane
 Inkwazi Centre
 Air Street
 Malelane, 1320

Page 1 of 1

Meridian Wine Distribution (Pty) Ltd
 17 Spartan Crescent
 Eastgate Extension
 Marlboro, 2090

Phone No. (011) 531 4700
VAT Reg No. 4520181753
Liquor License No. RG0005535
Company Reg No. 1999/001626/07

Contact Name Lex Hollman
Contact No. +27 13 793 8336

Your Reference - 75456

Invoice No. PS11208022
SO No. SO1327552

Posting Date 24/04/2025
Due Date 15/05/2025

Payment Terms 15 Days from Statement
Promised Delivery Date 29/04/2025

Code	Description	Quantity	Unit of Measure	Unit Price Excl. VAT	Discount %	Total Excl. VAT
CRAFT LIQUOR MERCHANTS						
ESMGSBLO	Gin Society Blood Orange	3	06 x 750ml	886.92		2,660.76
ESMGSBLU	Gin Society Blue	6	06 x 750ml	886.92		5,321.52
ESMGSOR	Gin Society Original	6	06 x 750ml	886.92		5,321.52
ESMGSPIN	Gin Society Pink	5	06 x 750ml	886.92		4,434.60
ESMSAEXL	Sadko Exclusive Vodka	6	06 x 750ml	876.48	8.90	4,790.88
Craft Liquor Merchants Total						22,529.28
Total ZAR Excl. VAT						22,529.28
						3,379.39
Total ZAR Incl. VAT						25,908.67

Handwritten signature and date:
 15 APR 2025
 15/4/25

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

Thanks for your business.

BANKING DETAILS

Acc Name: Meridian Wine Distribution (Pty) Ltd
Branch: 250 655
Bank Name: First National Bank
Acc No: 62 204 833 744

Swift: FIRNZAJJ



Call Us
 0861 113 959



Email Us
 orders@groupmeridian.co.za



Customer Service
 query@groupmeridian.co.za

0861 113 959

orders@groupmeridian.co.za

GROUPMERIDIANEXT-LIQUORRUNNERS

2025/04/25 7:01:31 AM +02:00

NATIONAL PARK LIQUOR STORES (PTY) LTD

t/a TOPS MALALANE

PO BOX 280 MALALANE 1320, TEL: (013) 790 0157

EMAIL: tops@cdlex.co.za

GOODS RECEIPT

42085

Received from Supplier:.....

Meridian Wines

Supplier Invoice No.:.....

1208022

Courier Details:.....

DWID

Date:.....

29/04/2025

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

M ANDRE

Signature:.....



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

R 25 908.67

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

CONTENTS NOT CHECKED

IF PAID	
CHEQUE No.:	
AMOUNT	
DATE	

MINUTEMAN PRESS (445540) Tel: 013 752 2523