BECK FAMILY ESTATES

GRAHAM BECK MÉTHODE CAP CLASSIQUE

STEENBERG VINEYARDS

ALLURE

Tax Invoice

Ship -to Address:
Tops @ Malelane (63004)
1240 Air Street
Malelane
1320

Bill-to Customer No:

Account Number	TOPS0094
VAT Registration No	4110168723
External Order	77922
Invoice Number	INV13563
Order No.	SO13893
Invoice Date	30/09/2025
Rep Name	Toine Shoeman
Delivery Date	TUE

Postal Address
PO Box 39
Malelane
1320

Beck Family Estates (Pty) Ltd
VAT No 4030252946
Reg No 2000/024662/07
Liq Lic No WCP/017838 | WP/011955

Code	Item Description	Warehouse Name	QTY	Unit of Measure	Price (Ex)	Price (In)	Disc %	Nett Total (Ex)	Tax	Nett Total (In)
100635/300630	GB Brut NV 750ml	Liquor Runners JHB	2.00	Case - 06 x 750ml	1 020.00	1 173.00	10.0 %	1 836.00	275.40	2 111.40
100669/312948	GB Bliss Nectar NV 750ml	Liquor Runners JHB	2.00	Case - 06 x 750ml	1 020.00	1 173.00	10.0 %	1 836.00	275.40	2 111.40
101798/302874	SB Brut 1682 Chardonnay 750ml	Liquor Runners JHB	2.00	Case - 06 x 750ml	1 119.00	1 286.85	0.0 %	2 238.00	335.70	2 573.70
100673/300668	GB Brut Rose NV 750ml	Liquor Runners JHB	1.00	Case - 06 x 750ml	1 020.00	1 173.00	10.0 %	918.00	137.70	1 055.70

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

Banking Details

Account Name	Beck Family Estates (Pty) Ltd
Bank Name	FNB
Bank Account	62699638626
Branch Code	210554
SWIFT Code	FIRNZAJJ
Payment Ref	TOPS0094 INV13563

Received By Joseph
Date 07/10/2025
Signed

Total (Excl)	6 828.00
Tax 15.00 %	1 024.20
Total (Incl)	**7 852.20**
Discount	0.00
Total (Incl)	**7 852.20**

Beck Family Estates (Pty) Ltd
Telephone: 021 870 1130 Email: bfe@liquorgistics.co.za
Physical Address: Observatory Business Park,2 Fir Street,Observatory, Cape Town, 7925
Postal Address: PO Box 7198, Noorder Paarl,Western Cape, 7646

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

43903

Received from Supplier: Beck family estates

Supplier Invoice No.: INV13563

Courier Details: OWN

Date: 07/10/2025

Goods Received By (Print Name) Joseph

Signature:

Document Amount (in Rands) R 7852.20

Claim --A/V Number:..... Claim Amount:.....

CONTENTS NOT CHECKED

IF PAID	
CHEQUE No.:	
AMOUNT	
DATE	

MINUTEMAN PRESS (445540) Tel: 013 752 2523