

BOTTLE LOGIC

HOLDINGS

Bottle Logic Holdings (Pty) Ltd

Physical Address 215 Main Street, Paarl, South Africa, 7646
Postal Address PO Box 7198, Paarl North, South Africa, 7646
Telephone 0861 744 447 / 021 870 1130
VAT No 4910289216
Registration No 2016/124261/07
Liquor License NLA 10360

Tops @ Malelane (63004)

Delivery Address:
1240 Air Street
Malelane
1320

Postal Address:
PO Box 39
Malelane
1320

CAMPARI GROUP

CAMPARI SOUTH AFRICA

TAX INVOICE

Account Number SPA4 63004
VAT Number 4110168723
Transaction Date 12/12/2024
External Order 73468
Invoice Number IN142852
Rep Name Johanne Maphosa

Code	Item Description	Warehouse Name	QTY	Packaging	Price (Ex)	Price (In)	Disc %	Nett Total (Excl)	Tax	Nett Total (Incl)
426383	Cinzano Bianco Vermouth	Kirk Nelspruit	1.0	Case 12 x 750	1 427.74	1 641.91	10.0 %	1 284.97	192.75	1 477.72
426805	Espolon Blanco Tequila	Kirk Nelspruit	1.0	Case 06 x 750	2 569.14	2 954.51	14.0 %	2 209.46	331.42	2 540.88
428470	Skyy Infusion Pineapple	Kirk Nelspruit	4.0	Bottle 750 ml	222.78	256.19	20.0 %	712.88	106.93	819.81
430354	Cinzano To Spritz	Kirk Nelspruit	4.0	Case 06 x 750	473.02	543.97	10.0 %	1 702.87	255.43	1 958.30
481825	Courvoisier VS	Kirk Nelspruit	2.0	Case 12 x 750	5 471.28	6 291.97	10.0 %	9 848.30	1 477.25	11 325.55

Tops at Malelane

Tel 013 790 0157

Fax 013 790 0179

Received by

Date

Signed

BANKING DETAILS:

Account Name Bottle Logic Holdings (Pty) Ltd
Bank Name Standard Bank
Bank Account 272 549 541
Branch Code 051 001
Payment Ref SPA4 63004 IN142852

Total (Excl) ZAR 15 758.48
Tax 15.00 % 2 363.78
Total (Incl) ZAR 18 122.26
Discount 0.00
Total (Incl) ZAR 18 122.26

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

40631

Received from Supplier:.....

Bottle Lowe

Supplier Invoice No.:.....

142852

Courier Details:.....

own

Date:.....

17/12/2024

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

N. M. M. M.

Signature:.....

[Signature]

Document Amount
(in Rands).....

R 18 122.26

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

CONTENTS NOT CHECKED

IF PAID	
CHEQUE No.:	
AMOUNT	
DATE	