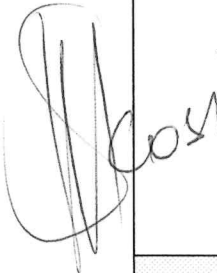


Bill to: TOPMLL TOPS MALELANE -63004 INKWAZI SHOPPING CENTRE MALELANE VAT REG NO: 4110168723	Ship-to: TOPMLL TOPS MALELANE -63004 INKWAZI SHOPPING CENTRE MALELANE	 ESTABLISHED 1918 Warshay Investments Pty Ltd t/a KWV PO Box 528, Suider Paarl, 7646 Telephone: 021 - 8073911 Reg. No. : 2012/018792/07 Vat Reg No: 4110261833 FAIRTRADE: FLO-ID 28503	Customer Order Date: 08.03.2024 Customer Order Number: Bongani KWV Order Number: 110906119 Loading Status: Deliver Gross Weight : 6.800kg	Document Type: TAX INVOICE Document No: 0041076935 Document Date: 12.03.2024 Delivery date: 12.03.2024 Page: 1 of 1
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REMARKS: FOR ANY QUERIES CONTACT KWV QUERIES ON 0861 598 598 OR queriessa@kwv.co.za

Code	Picking Code	Item Description	Case	Pack	Qty	List Price	Disc 1	Disc 2	Net Price Per Pack	Total exc VAT	VAT	Total inc VAT
900363	700025133	Pearly Bay Sweet Rosé 6x750ml	CS	6 x 750	1.0	256.68	2.40		250.52	250.52	37.58	288.10
Tops at Malelane Tel: 013 790 0157 Fax: 013 790 0179 												
					1					250.52	37.58	288.10

DUP - Duplicated Order	IDC - Incorrect Order - Capturing	OS - Overstocked	LD - Late Delivery
NOD - Not Ordered	NS - Not scanning	IDP - Incorrect Delivery - Picking	DP - Damaged Product

Delivered by Liquor Runner Whiteriver SMUTS STREET STAND 125 EXT 1 JT ROCKY'S DRIFT WHITERIVER	Received in good order on behalf of Customer Name: <i>Mandisa</i> Signature: <i>[Signature]</i> Date: <i>12/03/24</i>	Depot Signature For Receipt from Customer Name: <i>HEAVY</i> Signature: <i>[Signature]</i> Date: <i>12.03.2024</i>	Payment Terms: End nxt mth inv before 25th Currency: ZAR	Bank Details: Cheque Acc Name: Warshay Investments (Pty) Ltd Bank: <u>FNB</u> Acc: 6300 328 6845 Branch: 250655
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NATIONAL PARK LIQUOR STORES (PTY) LTD
t/a TOPS MALALANE
PO BOX 280 MALALANE 1320, TEL: (013) 790 0157 FAX: (013) 790 0179

GOODS RECEIPT **37627**

Received from Supplier:.....

RWV

Supplier Invoice No.:.....

0041076935

Courier Details:.....

DWN

Date:.....

12/03/2004

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

M ANDON

Signature:.....

[Signature]

Document Amount
(in Rands).....

R 288,10

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

CONTENTS NOT CHECKED

IF PAID		
CHEQUE No.:		
AMOUNT		
DATE		

MINUTEMAN PRESS Tel: 013 752 2523