DGB (PTY) LTD MIDRAND [1]
P/BAG X212, MIDRAND, 1685
724 16TH ROAD, MIDRAND, 1685
PHONE: 011 653-1000
FAX: 011 507-5383
DGB - NLA REGISTRATION CERTIFICATE Ref 16783

THE BANKER BAR & GRILL
ERF 66, NALEDI DRIVE, DULLSTROOM
BELFAST
MPUMALANGA 0000 SOUTH AFRICA

CURRENCY ZAR

THE BANKER BAR & GRILL
ERF 66, NALEDI DRIVE, DULLSTROOM
BELFAST
MPUMALANGA
0000 SOUTH AFRICA
VAT NO. 4070314895 / NLA-9-2-1-10325

COPY TAX INVOICE
VAT REG. No. 4490105063

Order Date	Our Ref. No	Your Ref. No	Account No.	Terms	Territory	Invoice Date	Invoice No
30.09.2024	102333929	BAANKER	51113	15S	NEL000	03.10.2024	702447537
						Delivery Date 04.10.2024	8012481952
							Page 1 of 1

DGB (Pty) Ltd

Product Code	Description	Units per Case	Cases	X	Units	X	Price	Discount	Net Price	Total Value Excl.	VAT	Total Value Incl.
100284	FRANSCHHOEK CELLAR CAB SAUV EUGLO	6x750ml	1		0		430.82	0.00	430.82	430.82	64.62	495.44
100291	FRANSCHHOEK CELLAR MERLOT EUGLO	6x750ml	1		0		430.82	43.08-	387.74	387.74	58.16	445.90
100282	FRANSCHHOEK CELLAR SAUVBLANC EUGLO	6x750ml	1		0		385.47	38.55-	346.92	346.92	52.04	398.96

Litres Spirits	Litres Fort Wine	Litres Unf. Wine	Litres Whiskey	Litres Other	Total Litres	Tot Cases	Tot Units	Total Weight (Kg)	Total Volume (m3)	Total Excl.VAT	Total VAT	Total Incl.VAT
0.00	0.00	13.50	0.00	0.00	13.50	3.000	0.000	21.600	0.036	1,165.48	174.82	1,340.30

If paid COD, a 2% discount is deductable from the total Invoice amount.
PLEASE USE YOUR ACCOUNT NUMBER AS A REFERENCE WHEN PAYING VIA EFT
Customers with terms only: If paid 15 days from statement, a 1.5% discount is deductable.

Goods Received by Customer - Print Name	Goods Received by Customer - Signature	Date	COD TOTAL
B. Boomman			

Alt Tel: ORDERS (0860 342-100) E-mail Accounts: dgbdebtors@dgb.co.za Plant: 2240 Rep Code: 41435
The calling bay is open: Mon - Thurs: 08h00 to 16h15 and Friday: (08h00 to 14h45)

PRO FORMA - RETURNS NOTE

RETURNS

CODE	ORIG.INV.NO	DESCRIPTION	PACK	CASES	UNITS	REMARKS
97-06-75						

EMPTIES / RETURNS RECIEVED:
DRIVER'S SIGNATURE: ---------- CUSTOMER'S SIGNATURE: ----------

COD PAYMENT DETAILS/RECEIPT	
AMOUNT RECEIVED	
DRIVER'S NAME (PRINT)	
DRIVER'S SIGNATURE	
TICK APPLICABLE BOX	
CASH	CHEQUE
CUSTOMER'S SIGNATURE	
DATE OF BANK TRANSFER	