



Tax Invoice

KIRK
125 Smuts Street, Rocky's Drift
Nelspruit

CUSTOMER

SPAR L: TOPS @ WESTEND
RAPS STORES (PTY) LTD
MEMBER 80666 / VENDOR 601244
PO BOX 4964
NELSPRUIT
1200
VAT No: 4730306893 Lic. No: MPU/9-2-1-05459

DOCUMENT INFO

Tax Invoice
12007599

PO Box 11504
Hatfield
0028
Tel: +27 137582422
Fax: +27 866316773
Email: officeadmin@namaquawinessa.co.za
VAT VENDOR No.4020139574
Lic. No: 15787

DELIVERY TO:

WESTEND SHOPPING CENTRE SHOP 6
CNR MADIBA & ENOS MABUZA DR
NELSPRUIT

Terms: Supermarket Group GOOD
2024/07/09

Sales Rep: TILANI - TILANI VISSER				DB001	Page	1		
DATE & TIME		DOCUMENT NO	ACCOUNT NO.		ORDER NO.			
2024/07/09		PIC2407070000101	SPARL043		44747			
CODE	DESCRIPTION	QTY	PRICE	DISC1	NET PRICE	TOTAL EX VAT	VAT	TOTAL
SDRED 108	4COUSINS SMOOTH DRY RED 750ML NAMAQUA BLANC DE BLANC 3L	12	45.20	0.00	45.20	542.44	81.37	623.81
GINOLLC	GINOLOGIST GIN & DRY CAN 440ML	48	15.50	0.00	15.50	744.16	111.62	855.78
NOCCC	N/OWN COOKIE & CZY CREAM 750ML	6	126.50	4.18	121.21	727.27	109.09	836.36
PERLEROS	DIAMOND COAST PERLE ROSE	4	28.44	2.25	27.80	111.21	16.68	127.89
VLFCM3L	VL FC COL MERLOT 3L	4	125.17	0.00	125.17	500.69	75.10	575.79
VLPDJ01	VL PERLE DE JEAN 750 ML	6	66.01	0.00	66.01	396.06	59.41	455.47
VLTTCCS3L	VL TT CHOC CAB SAUV 3L	4	118.08	6.00	110.99	443.97	66.60	510.57
TOTALS		88,00	92,60	AMOUNT DUE				
15.00%		TOTAL VAT: 578,31			TOTAL (Ex VAT): 3 855,40		ZAR	4 433.71

Please use your account number as reference on your Deposit / EFT payment.
All goods remain the property of NAMAQUA WINES until paid in full
Account Name: Namaqua Wines SA (Pty) Ltd
Bank: Investec Bank Limited
Account Number: 40005060042
Account Type: Current Account
Branch Number: 580105

Name: _____ Date: _____
Signature: _____

[Handwritten signature]

TOPS WESTEND

Date: 20/07/24

GRV Number: 844.70

Received: SARLg

Verified: _____

Contents received but not checked



WESTEND

GOODS RECEIPT

GRV No: **4430**

Received from Supplier:.....

DAMAGUS

Supplier Invoice No:

72007599

Courier Details:

Date:

10/07/24

Goods Received by (Print Name)

SALAS

Signature

Document Amount:

(In Rands).....

4433-71

Claim - A/ V Number

Claim Amount:.....