



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
12034708

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
2024/10/22

Sales Rep: TILANI - TILANI VISSER			DB001	Page	1			
DATE & TIME		DOCUMENT NO	ACCOUNT NO.		ORDER NO.			
2024/10/22		PIC2410070000266	SPARL043		45955			
CODE	DESCRIPTION	QTY	PRICE	DISC1	NET PRICE	TOTAL EX VAT	VAT	TOTAL
OBITTER	GINOLOGIST ORANGE BITTER 100ML	6	68.73	0.00	68.73	412.36	61.85	474.21
CTOB	NAMAQUA COPPER TRAIL OLD BROWN	40	45.48	8.20	41.75	1 670.05	250.52	1 920.56
DDCPN	VL DAYDREAM CHARD/PINOT NOIR	6	59.07	5.00	56.12	336.73	50.51	387.24
GINOLPC	GINOLOGIST PINACOL S CAN 440ML	48	15.50	0.00	15.50	744.16	111.62	855.78
GINOLGC	GINOLOGIST GIN & TON CAN 440ML	24	15.50	0.00	15.50	372.08	55.81	427.89
VLFCCLPIN	4COUSINS COLLECTION PINOTAGE	6	48.59	0.00	48.59	291.55	43.73	335.28
WVNM12	NAMAQUA CAB SAUVIGNON 3L	4	122.48	9.27	111.13	444.51	66.68	511.19
TOTALS		97.64	134.00		AMOUNT DUE			
15.00%		TOTAL VAT: 640.72		TOTAL (Ex VAT): 4 271.44		ZAR		4 912.15

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: _____

TOPS @ WESTEND

Date: 23/10/24
GRV Number: 8126
Received:
Verified:
Content's received but not checked

**WESTEND****GOODS RECEIPT**

GRV No:

5126

Received from Supplier:.....

Managers

Supplier Invoice No:

I 2034703

Courier Details:

Date :

23/10/04

Goods Received by (Print Name)

S. Miller

Signature

[Signature]

Document Amount:

(In Rands).....

4912-15

Claim - A/ V Number

Claim Amount:.....