



Tax Invoice

KIRK
125 Smuts Street, Rocky's Drift
Nelspruit

CUSTOMER	
SPAR L: SUPERSPAR MALELANE W	
DON NAT (PTY) LTD	
MEMBER 60013 / VENDOR 601244	
PO BOX 33	
NELSPRUIT	
1200	
VAT No: 4110168723	Lic. No: MPU/9-2-1-01840

PO Box 11504
Hatfield

0028

Tel: +27 137582422

Fax: +27 866316773

Email: officeadmin@namaquawinessa.co.za

VAT VENDOR No.4020139574

Lic. No: 15787

DOCUMENT INFO
Tax Invoice I2058342

DELIVERY TO:

AIR STR
INKWAZI SHOPPING CENTRE
CLEARANCE CODE

Terms: Supermarket Group GOOD

2025/01/10

Sales Rep: TILANI - TILANI VISSER		DB001	Page	1
DATE & TIME		DOCUMENT NO	ACCOUNT NO.	
2025/01/10		PIC2501070000034	SPARL039	
CODE	DESCRIPTION	QTY	PRICE	DISC1
400	NAMAQUA NATURAL SWEET ROSE 1L	12	38.84	15.00
526	4COUSINS DRY RED 1.5L	6	76.51	0.00
527	VL RIVER RED 750ML	6	45.20	0.00
530	VL JAVA PINOTAGE 750ML	6	66.01	0.00
635	NAMAQUA DRY RED 1L	12	38.82	15.00
PPAFW	VL PAPILLON ALCOHOL FREE WHITE	12	55.51	0.00
VLAZ02	VL ABSO ZERO SPARK NECTAR 750	6	97.33	0.00
WWNM01	NAMAQUA DRY RED 750ML	6	39.92	4.15
WWNM03	NAMAQUA SWEET ROSE 750ML	6	39.92	4.15
WWNM05	NAMAQUA SWEET RED 750ML	6	39.92	4.15
WWSR01	NAMAQUA SWEET RED 1L	24	38.82	15.00
		NET PRICE	TOTAL	
		EX VAT	VAT	TOTAL
		33.01	59.42	455.55
		76.51	68.86	527.90
		45.20	40.68	311.90
		66.01	59.41	455.47
		33.00	59.40	455.38
		55.51	99.92	766.08
		97.33	87.60	671.57
		38.27	34.44	264.03
		38.27	34.44	264.03
		38.27	34.44	264.03
		33.00	118.79	910.77



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TOTALS	131.22	102.00		AMOUNT DUE
15.00%	TOTAL VAT: 697.40	TOTAL (Ex VAT): 4 649.30	ZAR	5 346.71

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: Nelms

Date: 14/01/23

Signature: [Signature]

GOODS RECEIPT

330137

Received from Supplier:

NAMAQUA

Supplier Invoice No.:

2058342

Courier Details:

OWN

Date:

14/01/25

Goods Received By (Print Name)

Witness

Signature:

[Signature]

Document Amount
(in Rands)

R 5346-71

Claim --AV Number:

Claim Amount:

CONTENTS NOT CHECKED

IF PAID	
CHEQUE No.:	
AMOUNT	
DATE	