

BECK FAMILY ESTATES

**Ship -to Address:**

Tops @ Malelane (63004)
1240 Air Street
Malelane
1320

Bill-to Customer No:

Account Number TOPS0094
VAT Registration No 4110168723
External Order 73099
Invoice Number INV08485
Order No. SO8743
Invoice Date 19/11/2024
Rep Name Toine Shoeman
Delivery Date TUE

Postal Address
PO Box 39
Malelane
1320

Tax Invoice

Page 1 of 1

Beck Family Estates (Pty) Ltd

VAT No 4030252946
Reg No 2000/024662/07
Liq Lic No WCP/017838 | WP/011955

Code	Item Description	Warehouse Name	QTY	Unit of Measure	Price (Ex)	Price (In)	Disc %	Nett Total (Ex)	Tax	Nett Total (In)
100635/300630	GB Brut NV 750ml	Kirk Nelspruit	2.00	Case - 06 x 750ml	976.68	1 123.20	0.0 %	1 953.36	293.00	2 246.36
100669/312948	GB Bliss Nectar NV	Kirk Nelspruit	1.00	Case - 06 x 750ml	976.68	1 123.20	0.0 %	976.68	146.50	1 123.18
100673/300668	GB Brut Rose NV 750ml	Kirk Nelspruit	1.00	Case - 06 x 750ml	976.68	1 123.20	0.0 %	976.68	146.50	1 123.18
101798/302874	SB Brut 1682 Chardonnay	Kirk Nelspruit	2.00	Case - 06 x 750ml	1 066.98	1 227.03	0.0 %	2 133.96	320.09	2 454.05
101792/316854	SB Merlot 2020	Kirk Nelspruit	1.00	Case - 06 x 750ml	996.54	1 146.02	0.0 %	996.54	149.48	1 146.02

Tops at Malelane
Tel: 013 790 0157
Fax 013 790 0179

Banking Details

Account Name Beck Family Estates (Pty) Ltd
Bank Name FNB
Bank Account 62699638626
Branch Code 210554
SWIFT Code FIRZAJJ
Payment Ref TOPS0094 INV08485

Received By _____**Date** _____**Signed** _____

Total (Excl)	7 037.22
Tax 15.00 %	1 055.57
Total (Incl)	8 092.79
Discount	0.00
Total (Incl)	8 092.79

Beck Family Estates (Pty) Ltd

Telephone: 021 870 1130 Email: bfe@liquorgistics.co.za
Physical Address: Observatory Business Park, 2 Fir Street, Observatory, Cape Town, 7925
Postal Address: PO Box 7198, Noorder Paarl, Western Cape, 7646

NATIONAL PARK LIQUOR STORES (PTY) LTD

t/a TOPS MALALANE

PO BOX 280 MALALANE 1320, TEL: (013) 790 0157

EMAIL: tops@edlex.co.za

GOODS RECEIPT

40372

Received from Supplier:

Beek Family

ESTATES

Supplier Invoice No.:

INV.08283

Courier Details:

OWN

Date:

26/11/2024

Goods Received

By (Print Name)

AUSTON

Signature:

[Signature]

Document Amount

(in Rands)

R 8 092,79

Claim --A/V Number:

Claim Amount:

CONTENTS NOT CHECKED

IF PAID	
CHEQUE No.:	
AMOUNT	
DATE	