

TAX INVOICE COPY



Customer Tops Malelane 63004 DS
VAT No. 4320156120
Liquor License No. 9-2-1-01823
Bill to Cust No. SPA004
Sell to Cust No. SPA4 63004
Delivery Address: Tops Malelane 63004 DS
The Spar Group Ltd
Malelane
Inkwazi Centre
Air Street
Malelane, 1320
Contact Name Lex Hollman
Contact No. +27 13 793 8336

Page 1 of 1

Meridian Wine Distribution (Pty) Ltd
17 Spartan Crescent
Eastgate Extension
Marlboro, 2090

Phone No. (011) 531 4700
VAT Reg No. 4520181753
Liquor License No. RG0005535
Company Reg No. 1999/001626/07

Your Reference - 67967

Invoice No.	PSI1021409	Posting Date	18/12/2023	Payment Terms	15 Days from Statement
SO No.	SO1118422	Due Date	15/01/2024	Promised Delivery Date	19/12/2023

Code	Description	Quantity	Unit of Measure	Unit Price Excl. VAT	Discount %	Total Excl. VAT
CRAFT LIQUOR MERCHANTS						
ESMFTPF	FT'S Passion Fruit Liq	1	06 x 750ml	641.70		641.70
ESMGSOR	Gin Society Original	1	06 x 750ml	876.48		876.48
ESMGSPIN	Gin Society Pink	1	06 x 750ml	876.48		876.48
ESMSAEXL	Sadko Exclusive Vodka	1	06 x 750ml	832.62		832.62
INCMEVSTP	Meukow VS Cognac The Panther NV	5	1 x 750ml	387.14	5.22	1,834.65
INCSLSUP	Scottish Leader Supreme 750ml Gift Pack	1	06 x 750ml	1,256.34		1,256.34

Craft Liquor Merchants Total 6,318.27

Total ZAR Excl. VAT 6,318.27

15% VAT 947.74

Total ZAR Incl. VAT 7,266.01

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

Thanks for your business.

BANKING DETAILS

Acc Name: Meridian Wine Distribution (Pty) Ltd
Bank Name: First National Bank

Branch: 250 655
Acc No: 62 204 833 744

Swift: FIRNZAJJ



Call Us
0861 113 959



Email Us
orders@groupmeridian.co.za



Customer Service
query@groupmeridian.co.za

NATIONAL PARK LIQUOR STORES (PTY) LTD
t/a TOPS MALALANE
PO BOX 280 MALALANE 1320, TEL: (013) 790 0157 FAX: (013) 790 0179

GOODS RECEIPT 36777

Received from Supplier: *Medion Wine Distributors*

Supplier Invoice No: 1081409

Courier Details: *OWN*

Date: 19/12/2023

Goods Received By (Print Name): *Mandus*

Signature: *[Signature]*

Document Amount (in Rands) R 7 266.01

Claim --AV Number: Claim Amount:

CONTENTS NOT CHECKED

IF PAID	
CHEQUE No.:	
AMOUNT	
DATE	