

# 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

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**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 - 74474

<b>Invoice No.</b> PS1185016	<b>Posting Date</b> 24/02/2025	<b>Payment Terms</b> 15 Days from Statement
<b>SO No.</b> SO1301191	<b>Due Date</b> 15/03/2025	<b>Promised Delivery Date</b> 25/02/2025

Code	Description	Quantity	Unit of Measure	Unit Price Excl. VAT	Discount %	Total Excl. VAT
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### CRAFT LIQUOR MERCHANTS

INCMACBRDG	Brooks Hard Seltzer Dragon Granadilla	3	24 x 300ml	378.00		1,134.00
INCMACBRSK	Brooks Hard Seltzer Strawberry Kiwi	2	24 x 300ml	378.00		756.00
INCMEVSDE	Meukow VS Deluxe	3	1 x 750ml	399.12	7.52	1,107.35

**Craft Liquor Merchants Total** 2,997.35

**Total ZAR Excl. VAT** **2,997.35**

15% VAT 449.60

**Total ZAR Incl. VAT** **3,446.95**

**Tops at malelane**  
Tel: 013 790 0157  
Fax: 013 790 0179

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Thanks for your business.

### BANKING DETAILS

<b>Acc Name:</b> Meridian Wine Distribution (Pty) Ltd	<b>Branch:</b> 250 655	<b>Swift:</b> FIRNZAJJ
<b>Bank Name:</b> First National Bank	<b>Acc No:</b> 62 204 833 744	



**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  
EMAIL: tops@edlex.co.za

**GOODS RECEIPT** 41331

Received from Supplier:.....  
Mediterranean Wines

Supplier Invoice No.:..... 1185016

Courier Details:..... DWN

Date:..... 25/02/2005

Goods Received By (Print Name)..... M. D. D. A.

Signature:.....

Document Amount (in Rands)..... R 3 446,95

Claim --AV Number:..... Claim Amount:.....

**CONTENTS NOT CHECKED**

IF PAID	
CHEQUE No.:	
AMOUNT	
DATE	