

BECK FAMILY ESTATES



GRAHAM BECK
METRODE CAP CLANNIQUE



Ship -to Address:

Tops @ Malelane (63004)
1240 Air Street
Malelane
1320

Bill-to Customer No:

Account Number: TOPS0094
VAT Registration No: 4110168723
External Order: 71679
Invoice Number: INV06830
Order No.: SO7051
Invoice Date: 23/08/2024
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	4.00	Case - 06 x 750ml	976.68	1 123.20	0.0 %	3 906.72	586.01	4 492.73
101798/302874	SB Brut 1682 Chardonnay	Kirk Nelspruit	3.00	Case - 06 x 750ml	1 066.98	1 227.03	0.0 %	3 200.94	480.14	3 681.08
104688/312374	GB Bliss Nectar Rose 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	2.00	Case - 06 x 750ml	976.68	1 123.20	0.0 %	1 953.36	293.00	2 246.36

Tops @ 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: FIRNZAJJ
Payment Ref: TOPS0094 INV06830

Received By

Date

23/08/2024

Signed

Total (Excl)	10 037.70
Tax 15.00 %	1 505.65
Total (Incl)	11 543.35
Discount	0.00
Total (Incl)	11 543.35

Beck Family Estates (Pty) Ltd

Telephone: 021 870 1130 Email: bfe@liquoristics.co.za
Physical Address: Observatory Business Park, 2 Fir Street, Observatory, Cape Town, 7925
Postal Address: PO Box 7198, Noord 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

39318

Received from Supplier:.....

Beck Family

Supplier Invoice No.: 06830

Courier Details: 011 7

Date: 27/08/2024

Goods Received
By (Print Name): MANDLA

Signature: [Signature]

Document Amount
(in Rands): R 11 543.35

Claim --A/V Number:..... Claim Amount:.....

CONTENTS NOT CHECKED

IF PAID	
CHEQUE No.:	
AMOUNT	
DATE	