

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
Inkwaazi 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

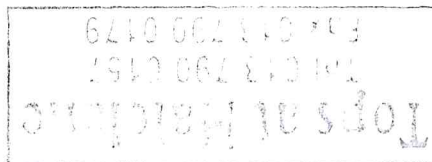
Phone No. (011) 531 4700
VAT Reg No. 4520181753
Liquor License No. RG0005535
Company Reg No. 1999/001626/07

Your Reference - 70295

Invoice No.	PSI1076378	Posting Date	20/05/2024	Payment Terms	15 Days from Statement
SO No.	SOI179208	Due Date	15/06/2024	Promised Delivery Date	21/05/2024

Code	Description	Quantity	Unit of Measure	Unit Price Excl. VAT	Discount %	Total Excl. VAT
CRAFT LIQUOR MERCHANTS						
ESMGSBLU	Gin Society Blue	1	06 x 750ml	886.92		886.92
INCMACBRDG	Brooks Hard Seltzer Dragon Granadilla	4	24 x 300ml	360.00		1,440.00
INCMACBRSK	Brooks Hard Seltzer Strawberry Kiwi	3	24 x 300ml	360.00		1,080.00
INCMACBRWA	Brooks Hard Seltzer Watermelon	3	24 x 300ml	360.00		1,080.00
INCMEVSDE	Meukow VS Deluxe	4	1 x 750ml	387.14	4.54	1,478.26
Craft Liquor Merchants Total						5,965.18
Total ZAR Excl. VAT						5,965.18
15% VAT						894.78
Total ZAR Incl. VAT						6,859.96

Nicholas
RMB
FGF 2922



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

38350

Received from Supplier:.....
Meridian Wine

Supplier Invoice No.:..... *1076378*

Courier Details:..... *OWN*

Date:..... *21/05/2024*

Goods Received
By (Print Name)..... *ANDLA*

Signature:..... *[Signature]*

Document Amount
(in Rands)..... *R 6 859.96*

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

CONTENTS NOT CHECKED

IF PAID	
CHEQUE No.:	
AMOUNT	
DATE	