BOTTLE LOGIC
• HOLDINGS •

Bottle Logic Holdings (Pty) Ltd

Physical Address 215 Main Street, Paarl, South Africa, 7646
Postal Address PO Box 7198, Paarl North, South Africa, 7646
Telephone 0861 744 447 / 021 870 1130
VAT No 4910289216
Registration No 2016/124261/07
Liquor License NLA 10360

CAMPARI GROUP
CAMPARI SOUTH AFRICA

Tops @ Jane Furse (80284)

Delivery Address:
Shop 27 Jane Furse Plaza
Farm Vergelegen 819 KS
Site 80049 Ngwanamatlang

Postal Address:
PO Box 568
Marishane
1064

TAX INVOICE

Account Number	SPA4 80284
VAT Number	4070221819
Transaction Date	17/01/2025
External Order	Matt
Invoice Number	IN146323
Rep Name	Matome Rapholo

Code	Item Description	Warehouse Name	QTY	Packaging	Price (Ex)	Price (In)	Disc %	Nett Total (Excl)	Tax	Nett Total (Incl)
428942	Skyy Vodka 750 ml	AM Marketing POL	4.0	Bottle 750 ml	222.78	256.19	10.0 %	801.99	120.30	922.29
428933	Skyy Infusion Passion Fruit	AM Marketing POL	4.0	Bottle 750 ml	222.78	256.19	10.0 %	801.99	120.30	922.29
428465	Skyy Infusion Peach	AM Marketing POL	4.0	Bottle 750 ml	222.78	256.19	10.0 %	801.99	120.30	922.29
428476	Skyy Infusion Raspberry	AM Marketing POL	4.0	Bottle 750 ml	222.78	256.19	10.0 %	801.99	120.30	922.29
428453	Skyy Infusion Cherry	AM Marketing POL	4.0	Bottle 750 ml	222.78	256.19	10.0 %	801.99	120.30	922.29
428458	Skyy Infusion Citrus	AM Marketing POL	4.0	Bottle 750 ml	222.78	256.19	10.0 %	801.99	120.30	922.29
429945	Skyy Infusion Blood Orange	AM Marketing POL	4.0	Bottle 750 ml	222.78	256.19	10.0 %	801.99	120.30	922.29
481825	Courvoisier VS	AM Marketing POL	1.0	Case 12 x 750	5 471.28	6 291.97	14.0 %	4 705.30	705.80	5 411.10

TOPS JANE FURSE
STORE CODE: 80284
GOODS RECEIVED

GRV NUMBER	16437
RECEIVED BY	
DATE	21/01/25
CLAIM NUMBER	
VERIFIED	

Received by MOTHALO
Date 21/01/25
Signed [signature]

BANKING DETAILS:

Account Name	Bottle Logic Holdings (Pty) Ltd
Bank Name	Standard Bank
Bank Account	272 549 541
Branch Code	051 001
Payment Ref	SPA4 80284 IN146323

Total (Excl) ZAR	10 319.23
Tax 15.00 %	1 547.90
Total (Incl) ZAR	**11 867.13**
Discount	0.00
Total (Incl) ZAR	**11 867.13**

Claim-Request for Credit (Supplier Copy)

SPAR

Order/Trans No: 80284 / 4705
Supplier: BOTTLE LOGIC HOLDINGS (PTY)
Vendor: 202567 Currency: R
Order Type: Normal Order
Trade Discount 1:
Trade Discount 2:
Invoice Discount:

Transaction Date: 21/01/25
Credit Note Number:
Invoice: Invoice Date:
Remarks:
Reason:
Supplier Type: C.O.D.

Claim No.: 24
GRV Number: 4811
Ext.Del.Note / Doc.No :

Input Claim Value (Ex.): -5471.28
Input Vat Value: -820.69
Input Claim Value (Inc.): -6291.97

PRODUCT							CLAIM		DEAL %		CLAIM	
EAN/PLU No	Supp.Prod.Code	Sub-Dep.	Description	Size	Pack	VI	Qty	CP	1	2	Clm. Val.	Extras
3049197110786	481825		COURVOISIER VS COGNAC VS	750ML	12	1	1	5471.2800	0.00	0.00	5471.28	0.00
			SD Short Delivery - WG Wrong Goods									
									Nett Claim Value (Ex.):		5471.28	0.00

VAT Summary

Rate	Nett Claim Value	VAT Value
Stan 15.00 %	5471.28	820.69
	5471.28	820.69

Date	Time		Supplier Representative	Store Representative	Store Stamp
		Name	Daniel	Gloria	
21/01/25		Signature			

CLAIM Summary

Nett Claim Value:	5471.28
VAT Value:	820.69
Total:	6291.97

TOPS JANE FURSE
STORE CODE: 80284
GOODS RECEIVED
GRV NUMBER:
RECEIVED BY: Gloria
DATE: 21/01/2025
CLAIM NUMBER:
VERIFIED:

48 Antimoon Street
Laboria
Polokwane
0700

PO BOX 1673
Ladana
Polokwane
0704

015-2921054/56

Ammarketing@fastadsl.co.za

AM MARKETING

AM MARKETING AMMARKETING

REQUEST FOR CREDIT - CR122739 2025-01-22 12:08:12

LOAD SHEET Reference - LSID , DATE Delivered -

Reg. No.	Truck Description	Load Capacity	Driver Name	Dispatcher	Checker

Reason for Credit: Short / Cross Picking

Customer Name: TOPS SPAR JANE FURSE

Brief Description of Credit:

Principal Customer Code: SPA4 80284

Doc. Date: 2025-01-17 **Doc. Ref:** IN146323CAM **GRV:** S **Credit Type:** Part Credit **Invoice Amt:** R 11867.1

Stock Code	Stock Description	Unit	Packsize	Reason Code	Reason	Batch	QTY
CAM481825	Courvoisier VS	CS	Case 12 x 750	W6	Short / Cross Pickin		1

Total Number of Items to be credited on Decument Ref: IN146323CAM (1 Product Type) 1

Authorized by:____________________

[date]