

|                                                                                                                                                  |                                                                                                                                  |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                  |                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Bill to:</b><br>PPSHEA<br>Pick n Pay Retailers (Pty) Ltd<br>9416/1953 / 1954<br>P.O. Box 23087<br>CLAREMONT<br>7735<br>VAT REG NO: 4090105588 | <b>Ship to:</b><br>PPLUS<br>PNP LIQUOR STRUISBAAT - WF38<br>SCHONBERG CENTRE, CNT MAIN AND MAL<br>STRUISBAAT, BREDASDORP<br>7285 | <br>ESTABLISHED 1918<br>Marshay Investments Pty Ltd t/a KWV<br>PO Box 528, Suidder Paarl 7646<br>Telephone: 021 - 8073911<br>Reg. No. : 2012/018792/07<br>Vat Reg No: 4110261833<br>FIRTRADE: FLO-ID 28503 | <b>Customer Order Date:</b><br>03.11.2023<br><b>Customer Order Number:</b><br>4730788727<br><b>KWV Order Number:</b><br>110873300<br><b>Loading Status:</b><br><br><b>Gross Weight :</b> 8.151kg | <b>Document Type:</b><br>TAX INVOICE<br><b>Document No:</b> 0041048583<br><b>Document Date:</b> 13.11.2023<br><b>Delivery date:</b> 13.11.2023<br><b>Page:</b> 1 of 1 |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

REMARKS: FOR ANY QUERIES CONTACT KWV QUERIES ON 0861 598 598 OR queriesa@kwv.co.za

| Code   | Picking Code | Item Description                 | Case | Pack    | Qty | List Price | Disc 1 | Disc 2 | Net Price Per Pack | Total exc VAT | VAT   | Total inc VAT |
|--------|--------------|----------------------------------|------|---------|-----|------------|--------|--------|--------------------|---------------|-------|---------------|
| 901446 | 700025464    | Jackson Brown Spice Drum 6x750ml | CS   | 6 x 750 | 1.0 | 462.00     | 0.70   |        | 458.77             | 458.77        | 68.82 | 527.59        |
|        |              |                                  |      |         | 1   |            |        |        |                    | 458.77        | 68.82 | 527.59        |

|                        |                                   |                                    |                      |
|------------------------|-----------------------------------|------------------------------------|----------------------|
| DUP - Duplicated Order | IDC - Incorrect Order - Capturing | OS - Overstocked                   | ID - Late Delivery   |
| NOD - Not Ordered      | NS - Not scanning                 | IDP - Incorrect Delivery - Picking | DP - Damaged Product |

Delivered by

Received in good order

on behalf of Customer

For Receipt from Customer

|                                                                        |                                                                    |                                                                  |                                                                                                                             |
|------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Name: <i>Muel</i><br>Signature: <i>[Signature]</i><br>Date: 13/11/2023 | Name: <i>[Signature]</i><br>Signature: <i>[Signature]</i><br>Date: | Payment Terms:<br>End of month, plus three days<br>Currency: ZAR | Bank Details: Cheque Acc<br>Name: Marshay Investments (Pty) Ltd<br>Bank: <u>FNB</u><br>Acc: 6300 328 6845<br>Branch: 250655 |
|------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|

Liquor Runner Cape Town  
CNR ANFIELD AND RANGE ROAD  
BLACKHEATH



**ST** Koeriers  
Couriers

*Fast and efficient - Vinnig en doeltreffend*

CC 96011820/23

VAT/BTW 4520156276

Belastingfaktuur / Tax Invoice

PROTON ROAD 12  
TRIANGLE FARM  
STIKLAND

**TEL: 021 948 1510 / 021 948 1511**  
**FAKS/FAX: 021 948 1754**  
**SEL/CELL: 082 823 2872**  
**079 898 6131**

6362113

|                                                                                                                                                       |  |  |  |  |                        |  |  |  |  |                                |  |  |  |  |              |  |  |  |  |                                                           |  |  |  |  |       |  |  |  |  |                    |  |  |  |  |               |  |  |  |  |                                                     |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|------------------------|--|--|--|--|--------------------------------|--|--|--|--|--------------|--|--|--|--|-----------------------------------------------------------|--|--|--|--|-------|--|--|--|--|--------------------|--|--|--|--|---------------|--|--|--|--|-----------------------------------------------------|--|--|--|--|
| VAN: AFSENDER / FROM: SENDER                                                                                                                          |  |  |  |  |                        |  |  |  |  | AAN: ONTVANGER / TO: CONSIGNEE |  |  |  |  |              |  |  |  |  |                                                           |  |  |  |  |       |  |  |  |  |                    |  |  |  |  |               |  |  |  |  |                                                     |  |  |  |  |
| NAAM/NAME: LIO KUNEDS-CPT                                                                                                                             |  |  |  |  |                        |  |  |  |  | NAAM/NAME: PNP LIO KUNEDS-CPT  |  |  |  |  |              |  |  |  |  |                                                           |  |  |  |  |       |  |  |  |  |                    |  |  |  |  |               |  |  |  |  |                                                     |  |  |  |  |
| ADRES/ADDRESS: Bloedheide CPT                                                                                                                         |  |  |  |  |                        |  |  |  |  | ADRES/ADDRESS: Bloedheide CPT  |  |  |  |  |              |  |  |  |  |                                                           |  |  |  |  |       |  |  |  |  |                    |  |  |  |  |               |  |  |  |  |                                                     |  |  |  |  |
| KONTAK/CONTACT:                                                                                                                                       |  |  |  |  |                        |  |  |  |  | KONTAK/CONTACT:                |  |  |  |  |              |  |  |  |  |                                                           |  |  |  |  |       |  |  |  |  |                    |  |  |  |  |               |  |  |  |  |                                                     |  |  |  |  |
| BETAAL DEUR / PAID BY:                                                                                                                                |  |  |  |  | AFSENDER / SENDER      |  |  |  |  | ONTVANGER / CONSIGNEE          |  |  |  |  | KBA / COD    |  |  |  |  | REKENING / ACCOUNT                                        |  |  |  |  |       |  |  |  |  |                    |  |  |  |  |               |  |  |  |  |                                                     |  |  |  |  |
| AANTAL/QTY                                                                                                                                            |  |  |  |  | BESKRYWING/DESCRIPTION |  |  |  |  | VOL.                           |  |  |  |  | L            |  |  |  |  | B                                                         |  |  |  |  | H     |  |  |  |  | GEWIG/MASSA        |  |  |  |  | BEDRAG/AMOUNT |  |  |  |  |                                                     |  |  |  |  |
| 1                                                                                                                                                     |  |  |  |  | CASE                   |  |  |  |  |                                |  |  |  |  |              |  |  |  |  |                                                           |  |  |  |  |       |  |  |  |  |                    |  |  |  |  |               |  |  |  |  |                                                     |  |  |  |  |
|                                                                                                                                                       |  |  |  |  |                        |  |  |  |  |                                |  |  |  |  |              |  |  |  |  |                                                           |  |  |  |  |       |  |  |  |  |                    |  |  |  |  |               |  |  |  |  |                                                     |  |  |  |  |
|                                                                                                                                                       |  |  |  |  |                        |  |  |  |  |                                |  |  |  |  |              |  |  |  |  |                                                           |  |  |  |  |       |  |  |  |  |                    |  |  |  |  |               |  |  |  |  |                                                     |  |  |  |  |
| LIABILITY INSURANCE                                                                                                                                   |  |  |  |  | JAYES                  |  |  |  |  | NEE/NO                         |  |  |  |  | WAARDE/VALUE |  |  |  |  | VERSEKERING/INSURANCE                                     |  |  |  |  | ADMIN |  |  |  |  | BTW/VAT            |  |  |  |  | TOTAAL/TOTAL  |  |  |  |  | CONFIRMATION THAT GOODS WERE RECEIVED IN GOOD ORDER |  |  |  |  |
| FAKTUUR NO./INVOICE NO.                                                                                                                               |  |  |  |  |                        |  |  |  |  |                                |  |  |  |  |              |  |  |  |  |                                                           |  |  |  |  |       |  |  |  |  |                    |  |  |  |  |               |  |  |  |  |                                                     |  |  |  |  |
| BY SIGNING, THE CLIENT ACKNOWLEDGES HAVING READ, UNDERSTOOD, AND AGREED TO THE STANDARD CONDITIONS OF CARRIAGE AS STATED ON THE BACK OF THIS WAYBILL. |  |  |  |  |                        |  |  |  |  |                                |  |  |  |  |              |  |  |  |  |                                                           |  |  |  |  |       |  |  |  |  |                    |  |  |  |  |               |  |  |  |  |                                                     |  |  |  |  |
| Koerier Handtekening / Courier Signature: <i>Mores</i>                                                                                                |  |  |  |  |                        |  |  |  |  |                                |  |  |  |  |              |  |  |  |  | Afzender Handtekening / Sender Signature: <i>12.11.23</i> |  |  |  |  |       |  |  |  |  |                    |  |  |  |  |               |  |  |  |  |                                                     |  |  |  |  |
| 1. WIT - KANTOOR                                                                                                                                      |  |  |  |  |                        |  |  |  |  | 2. PINK - BELASTINGFAKTUUR     |  |  |  |  |              |  |  |  |  | 3. BLOU - ONTVANGER                                       |  |  |  |  |       |  |  |  |  | 4. GEEL - AFSENDER |  |  |  |  |               |  |  |  |  |                                                     |  |  |  |  |
| DATUM/DATE                                                                                                                                            |  |  |  |  |                        |  |  |  |  |                                |  |  |  |  |              |  |  |  |  | DATUM/DATE                                                |  |  |  |  |       |  |  |  |  |                    |  |  |  |  |               |  |  |  |  |                                                     |  |  |  |  |
| HANDTEKENING/SIGNATURE                                                                                                                                |  |  |  |  |                        |  |  |  |  |                                |  |  |  |  |              |  |  |  |  | HANDTEKENING/SIGNATURE                                    |  |  |  |  |       |  |  |  |  |                    |  |  |  |  |               |  |  |  |  |                                                     |  |  |  |  |
| TYD/TIME                                                                                                                                              |  |  |  |  |                        |  |  |  |  |                                |  |  |  |  |              |  |  |  |  | DATUM/DATE                                                |  |  |  |  |       |  |  |  |  |                    |  |  |  |  |               |  |  |  |  |                                                     |  |  |  |  |

|                      |                          |                        |                              |                                 |                      |                            |
|----------------------|--------------------------|------------------------|------------------------------|---------------------------------|----------------------|----------------------------|
| <b>Bank Details:</b> | <b>Name:</b> ST Koeniers | <b>Bank:</b> ABSA BANK | <b>Account no:</b> 400149933 | <b>Acc Type:</b> Cheque Account | <b>Branch:</b> Paarl | <b>Branch Code:</b> 632005 |
|----------------------|--------------------------|------------------------|------------------------------|---------------------------------|----------------------|----------------------------|

Form/Idation 082 893 1197 Item No F57797 (01/22)