

**Pernod Ricard**  
**South Africa**

Building 6, Country Club Estate, 21 Woodlands Drive  
Woodmead, Sandton, GAUTENG, 2191  
Phone: 011 802 0600 Fax: 011 802 0620  
Reg No: 1994/00426/07  
Vat No: 4670144973



6537053

**Tax Invoice**

**Buyer:** Enaz (Pty) Ltd  
Tops Port Nolloth 35815  
Erf 181 Robson Street  
Port Nolloth 8280

**Consignee:**  
Tops Port Nolloth 35815  
Erf 181 Robson Street  
Port Nolloth 8280

**Doc No:** 1493680  
**Date:** 2024-06-14  
**Customer:** 42237  
**Branch / Plant:** CPTD  
**Warehouse LL:** RG/0004327  
**Order No:** 1363645 SO  
**Liquor License:** NCP/011224

**Buyer's VAT:** 4850121692

**Requested Date:** 2024-06-12  
**Customer PO:** tyrone

**Currency:** ZAR

**Payment Term:** 15 Days from statement 1.0%

| Item number | Description                             | UoM | Qty  | Unit Selling Price | Discount | VAT   | Total Amount |
|-------------|-----------------------------------------|-----|------|--------------------|----------|-------|--------------|
| 161104      | Inverroche Gin Amber 6x750ml 43% 9.4167 | EA  | 1.00 | 399.63             | -9.42    | 58.53 | 390.21       |

|                  |       |                        |        |
|------------------|-------|------------------------|--------|
| <b>Total VAT</b> | 58.53 | <b>Total Including</b> | 448.74 |
| <b>COD Total</b> |       |                        | 444.25 |

**TOPS PORT NOLLOTH**  
ROBSONSTRAAT  
POSBUS 170  
PORT NOLLOTH, 8280  
TEL: 027 851 7525  
TEL/FAKS: 027 851 8628

**Banking Details**

**Bank:** Citibank ZAR  
**Account No:** \*\*\*\*\*6023  
**Branch** SOUTH AFRICA



**Received in good order on behalf of customer**

**Name:** Rachida  
**Signature:**   
**Date:** 17/06/24



Fast and efficient - Vinnig en doeltreffend

PROTON ROAD 12  
TRIANGLE FARM  
STIKLAND

TEL: 021 948 1510 / 021 948 1511  
FAX/FAX: 021 948 1754  
SELCELL: 082 823 2872  
079 898 6131

CC 96311820/23

VAT/BTW 4520156276

100001

FormIdeation 082 893 1197 Item No F57797 (01/22)

|                                                                                                                                                       |                                                              |                                      |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------|----------------------------------------------|
| VAN: AFSENDER / FROM: SENDER                                                                                                                          |                                                              | AAN: ONTVANGER / TO: CONSIGNEE       |                                              |
| NAAM/NAME: <u>Blackbeath</u>                                                                                                                          | NAAM/NAME: <u>TOPS</u>                                       |                                      |                                              |
| ADRES/ADDRESS: <u>Blackbeath</u>                                                                                                                      | ADRES/ADDRESS: <u>Port Nolloth</u>                           |                                      |                                              |
| KONTAKKONTAKT:                                                                                                                                        | KONTAKKONTAKT:                                               |                                      |                                              |
| BETAAL DEUR / PAID BY: <u>AFSENDER / SENDER</u>                                                                                                       | ONTVANGER / CONSIGNEE: <input type="checkbox"/>              | KBAL / COD: <input type="checkbox"/> | REKENING / ACCOUNT: <input type="checkbox"/> |
| AANTAL/CTY: <u>1</u>                                                                                                                                  | BESRYWING/DESCRIPTION: <u>TOPS PORT NOLLOTH</u>              | VOL: <u>1</u>                        | B: <u>1</u>                                  |
|                                                                                                                                                       |                                                              | H: <u>1</u>                          | GEWIG/MASSA: <u>1</u>                        |
|                                                                                                                                                       |                                                              |                                      | BEDRAG/AMOUNT: <u>1</u>                      |
| LIABILITY INSURANCE: <u>JAYES</u>                                                                                                                     | NEE/NO: <input type="checkbox"/>                             | WAARDE/VALUE: <u>1</u>               | VERSEKERING/INSURANCE: <u>1</u>              |
| FAKTUUR NO. / INVOICE NO. <u>1193680</u>                                                                                                              | ADMIN: <u>135.8.3</u>                                        |                                      |                                              |
|                                                                                                                                                       | BTW/VAT: <u>90.65</u>                                        |                                      |                                              |
| TOTAL/TOTAL: <u>135.8.3</u>                                                                                                                           |                                                              |                                      |                                              |
| 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: <u>[Signature]</u>                                                                                          | AFSENDER HANDTEKENING / SENDER SIGNATURE: <u>[Signature]</u> |                                      |                                              |
| 1. WIT - KANTOOR                                                                                                                                      | 2. PINK - BELASTINGFAKTUUR                                   | 3. BLOU - ONTVANGER                  | 4. GEEL - AFSENDER                           |
| NAAM IN DRUKSKRIJF/NAME IN BLOCK LETTERS: <u>Blackbeath</u>                                                                                           |                                                              |                                      |                                              |
| HANDTEKENING/SIGNATURE: <u>[Signature]</u>                                                                                                            |                                                              |                                      |                                              |
| TYD/TIME: <u>11:00</u>                                                                                                                                |                                                              |                                      |                                              |
| DATUM/DATE: <u>11/11/24</u>                                                                                                                           |                                                              |                                      |                                              |

Bank Details: Name: ST Koeriers Bank: ABSA BANK Account no: 400149933 Acc Type: Cheque Account Branch: Paarl Branch Code: 632005