

31



# SWARTLAND WINERY

## Tax Invoice

Swartland Wynkelder (Pty) Ltd

Postal Address: P O Box 7198  
Noorder Paarl 7623

Physical Address: 3km Outside Malmesbury  
(On the R45 towards Paarl)  
Malmesbury 7623

Telephone: 0861 744 447  
Facsimile: 021 870 1139  
Email Address: [info@liquorgistics.co.za](mailto:info@liquorgistics.co.za)  
Website: [www.swwines.co.za](http://www.swwines.co.za)  
VAT No: 4860104480  
Liquor Licence: WCP/000164

To: OK Liquor Paarl Boulevard (2976)

### Delivery Address:

Old Rembrandt Mall  
Cnr Lady Grey & Bergivier Street  
Paarl 7646

### Postal Address:

Old Rembrandt Mall  
Cnr Lady Grey & Bergivier Street  
Paarl 7646

### BANKING DETAILS (NEW)

Acc Name: Swartland Wynkelder (Pty) Ltd  
Bank Name: Standard Bank Limited  
Bank Acc No: 300166931  
Branch Code: 051001

### Account

Date: 22/10/2024  
Order No: SO166529  
External Order: WCP0425127879  
Our Reference: INV162893

VAT No: 4100310251

Code	Item Description	WHS Warehouse Name	QTY	Unit	Price (EX)	Price (In)	Disc %	After Disc	Total Excl	Tax	Total (Incl)
120811	BV Cabernet Sauvignon 2022	013 Liquor Runners CPT	1.00	Case06.750	600.00	690.00	15.0 %	510.00	510.00	76.50	586.50
120813	BV Syrah 2022	013 Liquor Runners CPT	1.00	Case06.750	600.00	690.00	15.0 %	510.00	510.00	76.50	586.50
Rest of order is out of stock											
BV Pinotage											

PLEASE NOTE: Kindly use your Account Number as your Reference when processing payments. Thank you.

Received by	_____	I acknowledge that the goods received are in good order.	Total (Excl)	1 020.00
Date	_____	I fully agree that the goods satisfy the requirements of the order placed by me.	Tax	153.00
		By signing this invoice we undertake to use the money acquired from the sale of the said goods for no other purpose than to pay it back to Swartland Wine Cellar Pty Ltd as agreed.	Total (Incl)	1 173.00
Signed	_____		Discount	0.00
			Total (Incl)	1 173.00

Date: 22/10/24  
GRV Number: 3539  
Claim Number: \_\_\_\_\_  
VAT No: 4100310251  
Received in good order by: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
No. of cases: \_\_\_\_\_