

Beam Suntory South Africa

Distributor RG20306

Vat Number 4680255108

Telephone 021 801 6181

Fax kabelo.maselo@beamsuntory.com

New Orders: nothembalombo@beamsuntory.com

desiree.adriaanse@beamsuntory.com

Accounts: aiden.domingo@beamsuntory.com

Beam

Page 1 of 1

Tax Invoice

Postal Address

Letterstedt House, 4th Flc

Cnr Main & Campground

Newlands

7700

Physical Address

Letterstedt House, 4th Floor

Cnr Main & Campground Road

Newlands

To: **The House of Wines Namibia**

Delivery Address

Deliver to

Quality Airfreight & Road Specialists

10 Traka Street

Stikland

Vat Number: 0701112-01-5

Postal Address

PO Box 86336

Eros

Windhoek

9000

Account:

THE025
27/02/2024

Date:

Warehouse:

013
PO019419

External Order:

Our Reference
INV191488

Item Code Item Description

WHS Warehouse Name

<u>Invoice QTY</u>	<u>Ordered QTY</u>	<u>Unit</u>	<u>Price (Excl)</u>	<u>Disc %</u>	<u>Total (Excl)</u>	<u>Tax</u>	<u>Total (Incl)</u>	
240.00	240.00	BTL	750.12	209.38	0.00%	50,251.20	0.00	50,251.20

Received by

Reynaldo

Date

09/03/2024

Signed

Reynaldo

Bank Details

Account No: 121-029680-001
Account name: BEAM SUNTORY SOUTH AFRICA (PTY) LTD
Bank Name: HSBC Bank plc - Johannesburg Branch
Branch Code: 587000
Swift Code: HSBCZAJJ
Account Type: ZAR Current Account

Total (Excl)	Discount	0 %	0.00
Total after discount			50,251.20
Tax			0.00
Total (Incl)	R		50,251.20

Kindly use your Account Number as
reference when processing payments

Liquor Runner Cape Town (Pty) Ltd

is a registered National Distributor



QUALITY AIRFREIGHT SERVICES

& ROAD SPECIALISTS

SENDER'S RECEIPT

10 Traka Street, Stikland, 7530 (Head Office)

Tel 021 9517290 Fax 021 9171510 Cell. 076 760775

E-mail: info@qualityfreight.co.za

Reg. No. 2007/090031/23 Vat: 4460159116

Windhoek

Tel +64 833377510 Fax +6461 247374

Upington

Tel 054 050 0011

SENDER'S NAME

CONSIGNEE NAME

BEAM SENDER THE House of Wines

CNR Main & Cnr 10th P.O. Box 4336

Neuriedlands EROS

WINDHOEK 12

ORIGIN	CPT	WHK	CPT	No: 190193
SAD 500			VAT 282	ACCOUNT NUMBER
RSA	NAM			

OVERNIGHT ROAD	<input type="checkbox"/>	TWO TO THREE DAYS	<input type="checkbox"/>	DROPPED	COLLECTED
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FREIGHT CHARGES DEBIT TO:	SENDER	ACC.	COD
ONFORWARDING CHARGES DEBIT TO:	SENDER	ACC.	COD
ONFORWARDING CHARGES DEBIT TO:	RECEIVER	ACC.	COD
CHARGES	PREPAID	COLLECT	
FREIGHT CHARGES			
ONFORWARDING CHARGES			
COLLECTION DELIVERY			
DOCUMENTATION FEE			
WAVBIL CHARGE			
VAT PAYMENT REFUND			
DELIVERIES			
TOTAL VOLUMETRIC WEIGHT			
OTHER			
TOTAL WEIGHT CHARGED			

RECEIVER'S NAME (PRINT)	SIGNATURE	DATE	TIME
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05/03/2024

TIME

ANY ADDITIONAL INSURANCE SHOULD EXPLICITLY BE REQUESTED

FORMSXEXPRESS (021) 7-30 W/T 199242

The shipper certifies that the particulars on the page hereof are correct and require carrier to receive and forward the abovementioned cargo to said destination and to deliver to consignee in accordance with the conditions on the reverse side of carrier's master waybill. Insurance is effected only by written request on Airfreight Services & Road Specialist. All business is undertaken subject to the standing trading conditions of Quality Airfreight Services & Road Specialist.

I hereby accept the above & acknowledge that I have read & understand all the terms and conditions.

Shipper's Signature

Date

PRINT NAME: