



**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: J0947004226/Q7

Vat No: 4690144973



6328996



**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:** 1440016  
**Date:** 2023-08-17  
**Customer:** 42237  
**Branch / Plant:** CPTD  
**Warehouse LL:** RG/0004327  
**Order No:** 1314888 SO  
**Liquor License:** NCP/011224

**Buyer's VAT:** 4850121692

**Requested Date:** 2023-08-14

**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 |
|-------------|-------------------------------------|-----|------|--------------------|----------|--------|--------------|
| 250230      | Olmecca Silver 12x750ml 43% 12.7500 | CA  | 1.00 | 239.15             | -12.75   | 407.52 | 2,716.80     |

|                   |                        |
|-------------------|------------------------|
| <b>Total VAT:</b> | <b>Total Including</b> |
| 407.52            | 3,124.32               |
| <b>COD Total</b>  | 3,093.08               |

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

**Banking Details**

**Bank:** ABISA  
**Account No:** \*\*\*\*\*7386  
**Branch:** 632005

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

**Name:** Wize-More  
**Signature:** [Signature]  
**Date:** 24-08-2023

# ST Koeriers Couriers

Fast and efficient - Vinnig en doeltreffend

CC 96011820/23

VAT/BTW 4520156276



PROTON ROAD 12  
TRIANGLE FARM  
STIKLAND

Belastingfaktuur / Tax Invoice

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

6328996

|                                                                                                                                                      |  |                                                                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------|--|
| VAN: AFSENDER / FROM: SENDER                                                                                                                         |  | AAN: ONTVANGER / TO: CONSIGNEE                                              |  |
| NAAM/NAME: <u>Liquor Runners CPT</u>                                                                                                                 |  | NAAM/NAME: <u>Tops Port Nolloth 3581s</u>                                   |  |
| ADRES/ADDRESS: <u>49 Lange Road and<br/>Anfield Road Blackheath<br/>Cape Town</u>                                                                    |  | ADRES/ADDRESS: <u>Erf 181 Robson Street<br/>Port Nolloth</u>                |  |
| KONTAK/CONTACT: _____                                                                                                                                |  | KONTAK/CONTACT: _____                                                       |  |
| BETAAL DEUR / PAID BY: <input checked="" type="checkbox"/> AFSENDER / SENDER                                                                         |  | <input type="checkbox"/> ONTVANGER / CONSIGNEE                              |  |
| AANTAL/QTY                                                                                                                                           |  | BESKRYWING/DESCRIPTION                                                      |  |
| 1 Box                                                                                                                                                |  | SIGN AND RETURN                                                             |  |
| VOL.                                                                                                                                                 |  | L B H                                                                       |  |
| 16,3                                                                                                                                                 |  |                                                                             |  |
| GEWIG/MASSA                                                                                                                                          |  | BEDRAG/AMOUNT                                                               |  |
| 16,3                                                                                                                                                 |  |                                                                             |  |
| LIABILITY INSURANCE                                                                                                                                  |  | JAYES <input type="checkbox"/> NEE/NO <input type="checkbox"/> WAARDE/VALUE |  |
| FAKTUUR NO./INVOICE NO. <u>1440016</u>                                                                                                               |  | VERSEKERING/INSURANCE                                                       |  |
| BY SIGNING, THE CLIENT ACKNOWLEDGES HAVING READ, UNDERSTOOD AND AGREED TO THE STANDARD CONDITIONS OF CARRIAGE AS STATED ON THE BACK OF THIS INVOICE. |  | TOPS PORT NOLLOTH                                                           |  |
| ROBSONSTRAAT                                                                                                                                         |  | ADMIN                                                                       |  |
| POSBUS 170                                                                                                                                           |  | BTW/VAT                                                                     |  |
| PORT NOLLOTH, 8280                                                                                                                                   |  | TOTAAL/TOTAL                                                                |  |
| TEL: 027 851 7525                                                                                                                                    |  | CONFIRMATION THAT GOODS WERE RECEIVED IN GOOD ORDER.                        |  |
| TEL/FAX: 027 851 8828                                                                                                                                |  | NAAM IN DRUKSKRIF/NAME IN BLOCK LETTERS                                     |  |
| Clayton                                                                                                                                              |  | Live-More                                                                   |  |
| 22-8-23                                                                                                                                              |  | 22/8/23                                                                     |  |
| KOERIER HANDTEKENING /<br>COURIER SIGNATURE                                                                                                          |  | HANDTEKENING/SIGNATURE                                                      |  |
| 1. WIT - KANTOOR                                                                                                                                     |  | 2. PINK - BELASTINGFAKTUUR                                                  |  |
| 3. BLOU - ONTVANGER                                                                                                                                  |  | 4. GEEL - AFSENDER                                                          |  |
| 11H30                                                                                                                                                |  | 24.08.23                                                                    |  |
| TYD/TIME                                                                                                                                             |  | DATUM/DATE                                                                  |  |

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

FormIdeation 032 853 1197 Item No F57197 (01/22)