Bill to: SHOPCHECK SHOPRITE - CHECKERS (PTY) LTD PO Box 215 7561 Brackenfell 7561

VAT REG NO: 4420106777

Ship-to: CHLQUU CHECKERS CC NORTHDENE 015817 SHOP 1 NORTHDENE CENTRE, 666 MAIN

NORTHDENE, ERF 220 OF QUEENSBURGH



Warshay Investments Pty Ltd t/a KWV PO Box 528, Suider Paarl, 7646 Telephone: 021 - 8073911

Reg. No. : 2012/018792/07 Vat Reg No: 4110261833 FAIRTRADE: FLO-ID 28503

Customer Order Date: 11.08.2024 Customer Order Number: 1158371889

KWV Order Number: 110942010 Loading Status:

TAX INVOICE

Document Type:

Document No: 0041111187

Document Date: 12.08.2024

Delivery date: 13.08.2024

Page: 1 of 1

Total inc VAT

Gross Weight: 7.250kg

REMARKS: FOR ANY QUERIES CONTACT KWV QUERIES ON 0861 598 598 OR queriessa@kwv.co.za Picking Code Item Description Pack List Price Disc 1 Disc 2 Net Price Per Pack Total exc VAT VAT 901477 700026244 KWV Classic

J1477	700026244	KWV Classic Cape	Blend 6(750ml	+ Ne CS	6 x 750	1.0	413.82	5.70		390.23	390.23	58.53	448.76
					,								
				:									
		Λ						·					
		//			CH NORT	HDEN!	015817 1 DATE:	13-08-	24			,	
		//	Durken	į	SHORTAGE		RETURI	No:					
	<u> </u>	Liquor Plunners (17.8RIEFE	Durban D		CLAIM NO -	INS		CKED					
		Signed:	 		RECEIVED BY		D UNLESS GR						
					EMPLOYEE SIGNATU	NO -511 RE INVAL	D UNLESS GR	N No QUOTE	<u> </u>	·			
					3.0								
										İ			
						1					390.23	58.53	448.76
	Ouplicated Not Ordered		William with a commence and a commence of the	correct Ord	er - Capturi	ng	OS - Over	stocked			LD - Late De	livery	

Delivered by	Received in good order	Depot Signature	Payment Terms:	Bank Details: Cheque Acc		
NOD - Not Ordered	NS - Not scanning	IDP - Incor	rect Delivery - Picking DP -	Damaged Product		
DUP - Duplicated Order	IDC - Incorrect Order -	Capturing OS - Overst	ocked LD -	Late Delivery		
		1	390	58.53 448.76		

CLAIRWOOD

on behalf of Customer

For Receipt from Customer

End nxt mth inv before 25th

ZAR

Currency:

Name: Warshay Investments (Pty) Ltd

Bank:

FNB Acc: 6300 328 6845

Branch: 250655

Liquor Runner Durban CLAIRWOOD LOGISTICS PARK UNIT 3A

Name: Signature: Name:

Signature:

Date:

Date: