

BECK FAMILY ESTATES



Ship -to Address:
Tops @ Malelane (63004)
1240 Air Street
Malelane
1320

Bill-to Customer No:
Account Number TOPS0094
VAT Registration No 4110168723
External Order 78378
Invoice Number INV14084
Order No. SO14399
Invoice Date 29/10/2025
Rep Name Toine Shoeman
Delivery Date TUE

Postal Address
PO Box 39
Malelane
1320

Tax Invoice

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Beck Family Estates (Pty) Ltd

VAT No 4030252946
Reg No 2000/024662/07
Liq Lic No WCP/017838 | WP/011955

Code	Item Description	Warehouse Name	QTY	Unit of Measure	Price (Ex)	Price (In)	Disc %	Nett Total (Ex)	Tax	Nett Total (In)
100635/300630	GB Brut NV 750ml	Liquor Runners JHB	5.00	Case - 06 x 750ml	1 020.00	1 173.00	10.0 %	4 590.00	688.50	5 278.50
100669/312948	GB Bliss Neclar NV 750ml	Liquor Runners JHB	2.00	Case - 06 x 750ml	1 020.00	1 173.00	10.0 %	1 836.00	275.40	2 111.40
101798/302874	SB Brut 1682 Chardonnay 750ml	Liquor Runners JHB	2.00	Case - 06 x 750ml	1 119.00	1 286.85	0.0 %	2 238.00	335.70	2 573.70
100673/300668	GB Brut Rose NV 750ml	Liquor Runners JHB	3.00	Case - 06 x 750ml	1 020.00	1 173.00	10.0 %	2 754.00	413.10	3 167.10

Tops at Malelane
Tel: 013 790 0157
Fax: 013 790 0179

Banking Details

Account Name Beck Family Estates (Pty) Ltd
Bank Name FNB
Bank Account 62699638626
Branch Code 210554
SWIFT Code FIRNZAJJ
Payment Ref TOPS0094 INV14084

Received By *[Signature]*

Date *04/11/25*

Signed *[Signature]*

Total (Excl)	11 418.00
Tax 15.00 %	1 712.70
Total (Incl)	13 130.70
Discount	0.00
Total (Incl)	13 130.70

Beck Family Estates (Pty) Ltd

Telephone: 021 870 1130 Email: bfe@liquorgistics.co.za
Physical Address: Observatory Business Park, 2 Fir Street, Observatory, Cape Town, 7925
Postal Address: PO Box 7198, Noorder Paarl, Western Cape, 7646

NATIONAL PARK LIQUOR STORES (PTY) LTD

t/a TOPS MALALANE

PO BOX 280 MALALANE 1320, TEL: (013) 790 0157

EMAIL: tops@edlex.co.za

GOODS RECEIPT

44231

Received from Supplier:.....

DECC Family Estates

Supplier Invoice No:.....

14084

Courier Details:.....

own

Date:.....

04/11/2005

Goods Received
By (Print Name).....

N. Andua

Signature:.....

[Signature]

Document Amount
(in Rands).....

R 13 130.70

Claim --AV Number:..... Claim Amount:.....

CONTENTS NOT CHECKED

IF PAID	
CHEQUE No.:	
AMOUNT	
DATE	

MINUTEMAN PRESS (445540) Tel: 013 752 2523