DGB (PTY) LTD MIDRAND [1]
P/BAG X212, MIDRAND, 1685
724 16TH ROAD, MIDRAND, 1685
PHONE: 011 653-1000
FAX: 011 507-5383
DGB - NLA REGISTRATION CERTIFICATE Ref 16783

DGB (Proprietary) Limited
(Reg. No. 1946/021311/07)
www.dgb.co.za

DELIVER TO
SAFWASM GEORGE TRUST T/A
BIG DADDYS LIQUOR QUEENSTOWN
LOUIS BOTHA STREET 6TH ROAD KOMANI PARK
KOMANI
QUEENSTOWN 5320 SOUTH AFRICA

INVOICE TO
SAFWASM GEORGE TRUST T/A
PO BOX 8 WINKLEY
QUEENSTOWN
5320
SOUTH AFRICA
VAT NO. 4440236331/ NLA-NLA9 - 13034

CURRENCY ZAR

COPY TAX INVOICE

VAT REG. No. 4490105063

Order Date	Our Ref. No.	Your Ref. No.	Account No.	Terms	Territory	Invoice Date	Invoice Number
24.06.2024	102291991 ~~8012435537~~	42615	11094	15S	EAS000	24.06.2024	702401612

Delivery Date: 25.06.2024

PAGE 1 of 1

Product Code	Description	Units Per Case	Cases	✔	Units	✔	Price	Discount	Net Price	Total Value Excl. VAT	VAT	Total Value Incl. VAT
Bacardi S.A												
104070	BREEZER BLUEBERRY	24x275ml	35		0		340.43	0.00	340.43	11,915.05	1,787.26	13,702.31

BIG DADDYS - 10
DATE: ..... RECEIVED BY: .....
SIGN: .....
DATE: ..... ENTERED BY: .....
DATE: ..... CHECKED BY: .....

Litres Spirits	Litres Fort Wine	Litres Unf. Wine	Litres Whiskey	Litres Other	Total Litres	Total Cases	Total Units	Total Weight (Kg)	Total Volume (m³)	Total Value Excl. VAT	Total VAT	Total Value Incl. VAT
0.00	0.00	0.00	0.00	231.00	231.00	35.000	0.000	413.000	0.735	11,915.05	1,787.26	13,702.31

If paid COD, a 2% discount is deductable from the total invoice amount.
PLEASE USE YOUR ACCOUNT NUMBER 11094 AS A REFERENCE
WHEN PAYING VIA EFT
Customers with terms only: If paid 15 days from statement, a 1.5% discount is deductible

Goods Received by Customer – Print Name	Goods Received by Customer – Signature	Date
Tiaan		25/06/24

Alt Tel: ORDERS (0860 342-100) E-mail Accounts: dgbdebtors@dgb.co.za
The calling bay is open: Mon - Thurs. 08h00 to 16h15 and Friday (08h00 to 14h45)
Plant: 2290 Rep Code: 41291

PRO FORMA - RETURNS NOTE

EMPTY RETURNS				OTHER RETURNS							
CODE	DESCRIPTION ITEM	QTY	VALUE	CODE	ORIG. INV. NO.	DESCRIPTION	PACK	CASES	UNITS	VALUE	REMARKS

EMPTIES / RETURNS RECEIVED:

DRIVER'S SIGNATURE: _____ CUSTOMER'S SIGNATURE: _____