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

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

DELIVER TO
CCK WHOLESALE TRUST
T/A PRESTONS LIQ BEACON BAY
UNIT 2, THE HUB, BONZA BAY ROAD
BEACON BAY 5200 SOUTH AFRICA

CURRENCY ZAR

INVOICE TO
CCK WHOLESALE TRUST
PO BOX 8 WINKLEY
BEACON BAY
5200
SOUTH AFRICA
VAT NO. 4230268676/ NLA-NLA33-12750

COPY TAX INVOICE

VAT REG. No. 4490105063

Order Date	Our Ref. No.	Your Ref. No.	Account No.	Terms	Territory	Invoice Date	Invoice Number
06.07.2024	102297473 8012442728	42984	14228	15S	EAS000	06.07.2024	702407674
						Delivery Date: 10.07.2024	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	1		0		340.43	0.00	340.43	340.43	51.06	391.49
101842	BREEZER PEACH	24x275ml	2		0		340.43	0.00	340.43	680.86	102.13	782.99

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	19.80	19.80	3.000	0.000	35.400	0.053	1,021.29	153.19	1,174.48

If paid **COD**, a 2% discount is deductable from the total invoice amount.
PLEASE USE YOUR ACCOUNT NUMBER 14228 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
Melissa		10 7 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: _____