



Building 6, Country Club Estate, 21 Woodlands Drive  
Woodmead, Sandton, GAUTENG, 2191  
Phone: 011 802 0600 Fax: 011 802 0620

Reg No: 1994/004226/07  
Vat No: 467014973



Tax Invoice

**Buyer:** Shoprite Checkers (Pty) Ltd  
Shoprite L/Shop Butterworth (36534)  
Sh 9a Fingoland Mall N2  
cnr Qumza and Billie Road  
Butterworth

**Consignee:** Shoprite L/Shop Butterworth (36534)  
Sh 9a Fingoland Mall N2  
cnr Qumza and Billie Road  
Butterworth

**Doc No:** 1519693  
**Date:** 2024-11-01  
**Customer:** 41937  
**Branch / Plant:** SDEL  
**Warehouse LL:** 11955  
**Order No:** 1389840 SO  
**Liquor License:** ECP/20027

**Requested Date:** 2024-11-01

**Customer PO:** 1164784691

**Currency:** ZAR

**Payment Term:** 30 Days from statement 1.5%

**Buyer's VAT:** 4420106777

| Item number | Description | UoM | Qty | Unit Selling Price | Discount | VAT | Total Amount |
|-------------|-------------|-----|-----|--------------------|----------|-----|--------------|
|-------------|-------------|-----|-----|--------------------|----------|-----|--------------|

|        |                                            |    |      |        |        |        |          |
|--------|--------------------------------------------|----|------|--------|--------|--------|----------|
| 101456 | Jameson Triple Triple 12X750ml 43% 12.5833 | CA | 1.00 | 394.68 | -12.58 | 687.78 | 4,585.19 |
|--------|--------------------------------------------|----|------|--------|--------|--------|----------|

|                  |        |                        |          |
|------------------|--------|------------------------|----------|
| <b>Total VAT</b> | 687.78 | <b>Total Including</b> | 5,272.97 |
| <b>COD Total</b> |        |                        | 5,193.88 |

Banking Details

**Bank:** Citibank ZAR  
**Account No:** \*\*\*\*\*6023  
**Branch:** SOUTH AFRICA

RECEIVED BY: [Signature]  
FULL SIGNATURE: [Signature]  
EMPLOYEE NO: 172623  
SIGNATURE INVALID UNLESS GRN NO. IS QUOTED

GRN NO. 009956 DATE 05/11/24  
SHORTAGE: RETURNS:  
CLAIM NO. CLAIM NO.:



**Name:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

Received in good order on behalf of customer