



Pernod Ricard
South Africa

Building 5, 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: 4670144973

Tax Invoice

Buyer: Model Help-U Market (Pty) Ltd
Tops Model 10379
153 Jan Smuts Highway
Morningside 4001

Consignee:
Tops Model 10379
153 Jan Smuts Highway
Morningside 4001

Liquor Runners Durban
DEBRIEFED
Signed: _____

Doc No: 1455777
Date: 2023-11-10
Customer: 34933
Branch / Plant: KZND
Warehouse LI: Ref : 1725
Order No: 1329939 SO
Liquor License: KZNL/041143202

Buyer's VAT: 4810102543

Requested Date: 2023-11-07

Customer PO: Kuben

Currency: ZAR

Payment Term: 15 Days from statement 1.0%

Item number	Description	UoM	Qty	Unit Selling Price	Discount	VAT	Total Amount
141930	Maly Con Arancia 6x750ml 43% 4.2500	EA	✓ 3.00	342.71	-4.25	152.31	1,015.38
141932	Maly Gin Rosa 6x750ml 43% 4.2500	EA	3.00	342.71	-4.25	152.31	1,015.38
160200	The Glenlivet Founders Reserve 12x750ml 43% 25.4167	EA	3.00	469.27	-25.42	199.73	1,331.56
150500	Chivas Regal XV 6x750ml 43% 11.2500	EA	3.00	517.46	-11.25	227.79	1,518.63
300122	Bumbu XO 2 Glasses Gift Set 5x750ml 43% 101.7500	EA	1.00	565.21	-101.75	69.52	463.46
300110	Bumbu XO 6x750ml 43% Bumbu XO 6x750ml 43% 101.7500	EA	1.00	565.21	-101.75	69.52	463.46
Total VAT						871.18	6,679.05
Total Including							

Banking Details

Bank: ABSA
Account No: *****7386
Branch: 632005



Received in good order on behalf of customer

Name: _____
Signature: _____
Date: _____



Reg No: 1994/004226/07

Tax Invoice

Consignee:

Tops Model 10379

153 Jan Smuts Highway

Morningside 4001

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Date:	2023-11-10
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Branch / Plant:	KZND
Warehouse LL:	Ref : 1725
Order No:	1329939 SO
Liquor License:	KZNL/0411143202

Customer PO:

Kuben

ZAR

Payment Term: 15 Days from statement 1 0%

Description

UOM

Qty

Unit Selling Price

Discount

COD Total

VAT

Total Amount
6,612.26

MODELKWIKSPAR (MAYVILLE)

SPAR A/C No. 10379

GOODS RECEIVED BY: XOLAH (Name)

SIGNATURE: _____

DATE: 15/11/20 GRV No: 692

In the event of queries our claims no/a.....

Banking Details

Bank: ABSA

Account No: *****7386

Branch 632005

Name: _____

Signature:

Date:

Received in good order on behalf of customer

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