



Charge To:

SPAR LOWVELD
P O BOX 33
vendor 601266 PORTEL
1200 NELSPRUIT
CYNTHIA FRANCIS

Ship-to Address
529-237042

TOPS AT SABIE 80339
SABIE MARKET SQUARE S2
SHOP 2, SPAR SHOPPING CENTRE
1260 SABIE-SIMILE

Tax Invoice

Gauteng LR
Posbus 544
UPINGTON, 8800
South Africa

Registration No.	2023/694851/07
Liquor Licence No.	RG0000760
VAT Registration No.	4550115309
NCR No.	NCRCP20019

Email	debtors@owk.co.za
Salesperson	Lowveld
External Document No.	2009554 / 12959
Customer VAT Reg. No.	4340275736
Invoice No.	RIA12365089
Document Date	11 March 2025
Due Date	30 April 2025
Customer Liquor Licence No.	9-2-1-05135 OKT 25

No.	Description	Quantity	Unit of Measure	Unit Price Excl. VAT	Disc. %	VAT %	Line Amount Excl. VAT
89017	ISLAND VIEW LATE HARVEST 1L	3	12X1L	333.3912		15	1,000.17
89016	ISLAND VIEW NATURAL SWEET ROSE 1L	4	12X1L	333.3912		15	1,333.56
89013	ISLAND VIEW SWEET RED 3L	1	6 X 3L	616.5384	-5%	15	585.71
89012	ISLAND VIEW SWEET ROSE 3L	1	6 X 3L	573.9264	-5%	15	545.23
31020	ORC RED MUSCADEL 750ML	1	6 X 750ml	529.6248	-8%	15	487.25
31033	ORC RED JEREPIGO 750ML	1	6 X 750ml	529.6248	-8%	15	487.25
31040	ORC CAPE RUBY 750ML	1	6 X 750ml	529.6248	-8%	15	487.25
	Rounding (10c)	1	6 X 750ml	529.6248	-0.08	15	487.25
						0	-0.08
Total		Litres	1282.50				
							Subtotal
							4,926.34
							VAT Amount
							738.96
							Total R Incl. VAT
							5,665.30

TOPS AT SABIE	
STORE CODE: 80339	
GOODS RECEIVED	
GRV NO:	554090
RECEIVED BY:	Alphonzo
DATE:	14/03/25
Banking Details:	N/A
Bank:	First National Bank (FNB)
Account No:	622 889 320 82
Bank Branch No.	230604
Your Reference	529-237042

*Nicholas
NB
F1-W451L*

No expired stock will be credited on accounts.

IMPORTANT NOTICE: Our banking details have not changed. We will not be liable for any loss that may be suffered resulting from any payment by you to an incorrect bank account (or bank account purporting to be Orange River Cellars). Please also pay special attention to any e-mails you may receive purporting to emanate from our offices, which may resemble our e-mail domain, regarding any change in banking details.



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Receiver Name:

Date Received:

Signature:

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