

# INVOICE



## BILL TO

CompanyInc

POBOX: 21300

Mobile: 1234567890

Saudi Arabia, Riyadh, Main City

**Date of Issue:** 27-12-2023

**Transaction ID:** 8894817586

**Membership Category:** medical

**Type of Payment:** New Registration for the year 2023

**Membership Type:** Product1

**Payment Method** Bank Transfer

#	Description	Registration Fee	Yearly Fee	SubTotal
1	Product1	300	500	800
Total				800

This is a system generated document and does not require any signature and stamp.

## For transfer to our bank account

Name	Federation of Saudi Chambers
Account Number	25350612000200
IBAN NO	SA90 1000 0025 3506 1200 0200
Bank Name	Saudi National Bank - SNB
Bank Swift Code	NCBKSAJE

\*Upon transfer, Please upload a copy of transfer receipt from your account.



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