INVOICE

Date: September 25, 2024

Invoice Number: AVON/Lagos/25/9/00

# HR Head,

# HERITAGE BANK NIGERIA LIMITED,

No Ademola Street Surulere,

Lagos State,

# Nigeria

**PROVISIONAL Annual PREMIUM FOR THE 2024/2024 POLICY PERIOD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Plan | Type | Count | Annual Rate (#) | Annual Amount (#) |
| PLUS PLAN 2019 | INDIVIDUAL | 23 | 2,343.00 | 53,889.00 |
| PLUS PLAN 2019 | FAMILY | 2 | 2,435,353.00 | 4,870,706.00 |

|  |  |  |
| --- | --- | --- |
| January 2025 - December 2025 Premium Invoice | **Subtotal** | **4,924,595.00** |
| **1% NHIS fee** | 49,245.95 |
| **TOTAL** | **4,973,840.95** |

***Payment Details:***

Bank: UBA PLC

Account Name: Avon Healthcare Limited Account Number: 1015173727 (NAIRA)



Chief Finance Officer: