

*CPF MEDICAL*

*Call - DATE –*

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| --- | --- | --- | --- |
| **DESCRIPTION** | **QTY** | **UNIT PRICE** | **TOTAL** |
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|  |  |  |  |
|  |  |  |  |
|  |  | **TOTAL** |  |

**Thanks**

**BANKING DETAILS**

**CPF MEDICAL**

**ABSA PHALABORWA**

**BRANCH CODE: 632005**

**ACC NR: 4076253328**

**CHEQUE ACCOUNT**

**Thanks for your loyal support.**

**Please feel free to contact us for any queries.**

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E-mail: cpfmedical@gmail.com

**WE CARE ABOUT YOU**

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