INVOICE

**INVOICE TO :**

Sanlam Life Insurance Limited:GTI

**Date :**

21 S

**Invoice No :**

BILL\_000058779Zx

**Payment Method**

Bank Name : NedBank AccountNo: 81983772

**Sub-Total Total**

**4990677.0**

**558878**

**Terms and Conditions**

9630.64

9630.64

9630.64

Event Coordination

Event Coordination

Event Coordination

**Amount**

**Description**

Please send payment within 30 days of receiving this invoice. There will be 10% interest charge per month on late invoice.

**Diluc Steiner**

Administrator