HALCYON MARINE HEALTHCARE SYSTEMS, INC.

Ground and 3rd Floor, Maria Cornelia Building 222 Sen. Gil Puyat Ave., Makati City, Philippines Tel Nos.: (02) 8855-0992 local 109

Website: www.halcyonmarine.com.ph

STATEMENT OF ACCOUNT

Reference Number:

Principal: If Any				Statement Date :		
(Address)					Due Date:	
	-		1			<u> </u>
DATE OF MEDICAL	NAME OF CREW	Vessel	PEME ID NO.	MEDICAL	PACKAGE	Amount
	Page 1 of 1			Grand Total		PHP -
Please be reminded that you have an outstanding balance of ampunting to						
Kindly disregard this notice if payment has been made.						

Notice No. ____ was sent last ____ Overdue Accounts:

Please make all checks payable to HALCYON MARINE HEALTHCARE SYSTEMS, INC. For questions and billing inquiries, please call us at (02) 855-0992 local 109 Thank you for your prompt payment.

HMHS Form No. ACCT-04-05(8/22/19)

Company Name: