

P.O Box

E-mail:



**Payment Advice**

**Payment Date : 06.02.2023**

**Document Number : 2334000021**

**QATAR ISLAMIC INSURANCE COMPANY**

Supplier code :20300475

doha

QA - 00000

Dear Sir / Madam,

Exchange rate :

Remarks : Renewed insurance

Payment Method :

| Invoice Ref. | Invoice Date | Invoice Amount    | Withhold Tax | Other Deduction | Net Amount        | Curr       |
|--------------|--------------|-------------------|--------------|-----------------|-------------------|------------|
|              | 06.02.2023   | 14,420.00         | 0.00         | 0.00            | 14,420.00         | QAR        |
|              | 06.02.2023   | 3,850.00          | 0.00         | 0.00            | 3,850.00          | QAR        |
|              | 06.02.2023   | 5,750.00          | 0.00         | 0.00            | 5,750.00          | QAR        |
|              | 06.02.2023   | 697,936.75        | 0.00         | 0.00            | 697,936.75        | QAR        |
|              | 06.02.2023   | 6,837.25          | 0.00         | 0.00            | 6,837.25          | QAR        |
|              | 06.02.2023   | 36,136.25         | 0.00         | 0.00            | 36,136.25         | QAR        |
|              | 06.02.2023   | 158,458.00        | 0.00         | 0.00            | 158,458.00        | QAR        |
|              | 06.02.2023   | 14,180.50         | 0.00         | 0.00            | 14,180.50         | QAR        |
|              |              | <b>937,568.75</b> | <b>0.00</b>  | <b>0.00</b>     | <b>937,568.75</b> | <b>QAR</b> |

**Payment Detail(s)**

| Bank's Name / A/c No. | Cheque Number | Instrument Date | Amount            | Currency   |
|-----------------------|---------------|-----------------|-------------------|------------|
|                       |               |                 | 937,568.75        | QAR        |
|                       |               | <b>Total :</b>  | <b>937,568.75</b> | <b>QAR</b> |

**Amount in words : Qatari Riyal Fourteen Thousand One Hundred Eighty and 50/100 Dirham Only**

Kindly acknowledge the receipt Thanking You

Authorized Signatory

Receiver's Signature

P.O Box

E-mail:



Document Date/Time:06.02.2023/17:10:14