

PAYMENT ADVICE

Ummsaid Bakery Qatar

Al Meena Street

P.O. BOX: 1444 Doha Qatar

Email : info@qbake.qa



PAYEE NAME : QATAR ISLAMIC INSURANCE COMPANY

20300475

QATAR ISLAMIC INSURANCE COMPAN

C RING ROAD – OPPOSITE GULF CINEMA&

DOHA-Doha

qiic@qatar.net.qa

Paym Date: 30.07.2024

Doc.No: 2434026521

Payment Method :

Exch.rate:

Remarks: PAYMENT FOR MOTOR VEHICLE INSURANCE PREMIUM

Ref. Doc. No	Posting Date	DC Type	Sup. Doc. No	Sup. Doc. Date	Currency	Doc Amount	Adjustment	Pay. Amount
2433000407	29.02.2024	KR	MDN/2024229704	29.02.2024	QAR	18,350.00	0.00	18,350.00
2433000408	29.02.2024	KR	MDN/2024238463	29.02.2024	QAR	6,600.00	0.00	6,600.00
2433000409	31.03.2024	KR	MDN/2024240275	31.03.2024	QAR	19,800.00	0.00	19,800.00
2433001168	30.04.2024	KR	MDN2024231839	30.04.2024	QAR	9,900.00	0.00	9,900.00
2433001169	30.04.2024	KR	MDN2024232203	30.04.2024	QAR	8,450.00	0.00	8,450.00
2433001170	31.05.2024	KR	MDN2024233292	31.05.2024	QAR	14,525.00	0.00	14,525.00
2433001172	30.06.2024	KR	MDN2024255484	30.06.2024	QAR	15,400.00	0.00	15,400.00
2433001173	30.06.2024	KR	MDN2024255340	30.06.2024	QAR	950.00	0.00	950.00
Total					QAR	93,975.00	0.00	93,975.00

Bank Name	A/C No.	Cheque No	Cheque Date	Currency	Amount	Remarks
DUKHAN BANK	100000792506	00011545	30 Jul 2024	QAR	93,975.00	

Amount in Words : Qatari Riyal Ninety-Three Thousand Nine Hundred Seventy-Five Only

AA

Created

TA

Verified

EE

AA

Authorised

Receiver's Details

Kindly Acknowledge the receipts

Name :

Signature :

Payment Request Approvals

Pay. Req. Ref.	PR Date	Creator	Level1	Level2	Level3	Level4	Level5