

## PAYMENT ADVICE

**Alcat Logistics Services**

Street No. 11, Industrial Area

P.O. BOX: 15723 Doha Qatar

Email :



**ALCAT**  
LOGISTICS

**PAYEE NAME : QATAR ISLAMIC INSURANCE COMPANY**

**Paym Date:** 04.06.2025

20300475

**Doc.No:** 2534000292

**QATAR ISLAMIC INSURANCE COMPAN**

**Payment Method :**

**C RING ROAD – OPPOSITE GULF CINEMA&**

**Exch.rate:**

**DOHA-Doha**

**Remarks:** Vehicle Insurance Payment

qiic@qatar.net.qa

Ref. Doc. No	Posting Date	DC Type	Sup. Doc. No	Sup. Doc. Date	Currency	Doc Amount	Adjustment	Pay. Amount
2533000140	03.03.2025	KR	MDN2025392606	03.03.2025	QAR	90,444.00	0.00	90,444.00
<b>Total</b>					QAR	90,444.00	0.00	90,444.00

Bank Name	A/C No.	Cheque No	Cheque Date	Currency	Amount	Remarks
DUKHAN BANK	100000841415	00005485	12 Jun 2025	QAR	90,444.00	

**Amount in Words :** Qatari Riyal Ninety Thousand Four Hundred Forty-Four Only

Created

Verified

Authorised\*

### Receiver's Details

Kindly Acknowledge the receipts

Name :

Signature :

### Payment Request Approvals

Pay. Req. Ref	PR Date	Creator	Level 1	Level 2	Level 3	Level 4	Level 5