MEDICAL AND DENTAL COUNCIL OF NIGERIA



Payment Receipt

Generated On 02/04/2023



Remita Retrieval Reference (RRR)

3408-1559-9711

PAYER IN	FORMATION						
NAME		SADIQUE JEMEEL		kio.			
EMAIL		SADIQADEKUNLE1@GMAIL.COM					
PHONE NUMBER		2347031254433					
PAYMENT	DETAILS			6	Ue,		
PAYMENT DATE	PAYMENT REF	SERVICE DESCRIPTION	AMOUNT (NGN)	CHARGES (NGN)	VAT ON (NGN)	CHARGES	TOTAL (NGN)
02/04/2023	340815599711	PRACTICING FEE	20,000.00	150.00	11.25		20,161.25
		TOTAL PAID	20,000.00	150.00	11.25		20,161.25
		TOTAL AMOUNT					20,161.25
		BALANCE DUE					0.00
)	0						
BILLER R	EQUIRED IN	FORMATION					
PAYMENT	CHANNEL IN	NFORMATION					
PAYMEN ⁻	PAYMENT CHANNEL MASKED CARD		PAN A	AUTHORIZATION	THORIZATION REF CARE		SCHEME
Card I	Payment			10944594835 - null			

You can contact Remita Support at support@remita.net or on +234 1 280 5182, 0803 555 5051