

Credit Memo

Daman TRN: 100000692200003



2. Customer TRN #

1847 EXECUTIVE GROOMING FOR MEN
71579
DUBAI
DUBAI
UAE

Customer TRN: 1002213815
00003

Customer Number: 2907823

Invoice Number: 6982223 10. DN #

3. Insurer policy #

Policy Number: 8793939

Invoice Date: 11/09/2018 5. Date effective

Policy Effective Date: 30/06/2018

Payment Due Date: 03/11/2018 11. Due date

Policy Expiry Date: 29/06/2019 Issued By: 2602

METHOD OF PAYMENT	MODE OF PAYMENT	POLICY TYPE	HEALTH INSURANCE SPECIALIST	SALES LOCATION
CASH	QUARTERLY	GROUP	Nasco M.E. Insurance Brokers (L.L.C)	Dubai, JLT

EVENT NUMBER	DESCRIPTION	TOTAL MEMBERS	1. Invoice for? 14. Type of ENDT MEMBER CANCELLATION	PREMIUM (AED) 6. Premium currency
3	Enhanced Product Standard Premium	1		-618.15
Total Premium				-618.15 7. Net premium
VAT Amount (5% of Total Premium)				-30.90 8. VAT Amount
Total Payable Amount				-649.05 9. Gross Premium

SIX HUNDRED FORTY-NINE DIRHAM AND FIVE FILS

Dear valued customers, for **bank transfer payment**, please note of Daman's bank account details as follows (Payment should be Net of any bank charges):

Payment Instructions

Bank transfer: Daman's bank account information is set below. Please ensure that payment is made in full and net of any bank charges. We would appreciate if you could send a copy of the payment confirmation and related bill number to receivables@damanhealth.ae

Bank Transfer payment for **ABU DHABI BASIC** Plan:

Beneficiary Name: National Health Insurance Co. - Daman - PJSC
Bank Details: Abu Dhabi Islamic Bank IBAN Number: AE64050000000011194659
Branch Details: Muroor Branch - Abu Dhabi, UAE Swift Code: ABDIAEAD

Bank Transfer payment for **ENHANCED** and **CUSTOM** Plans:

Beneficiary Name: National Health Insurance Co. - Daman - PJSC
Bank Details: National Bank Of Abu Dhabi IBAN Number: AE310350000004050001576
Branch Details: Bateen - Abu Dhabi, UAE Swift Code: NBADAEABAT

Cheque payment: National Health Insurance Company - Daman - PJSC

This invoice is certified and does not require any official stamp from Daman

Please inform Daman for any discrepancy in the cards or certificates within **2 working days** of receiving them, failing of which Daman will not be held responsible for any corrections. Thank you.

MEMBER CONFIDENTIAL

National Health Insurance Company - Daman - PJSC, P.O. Box 128833, Abu Dhabi, U.A.E. Tel No: +971/06/45555 Fax No: +971/06/432587

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**POLICY MEMBERS LIST**

Event Number:		3				Endorsement Type:		MEMBER CANCELLATION					
DEPT. NO:		ND	DEPARTMENT NAME				ND						
Member Name	Card Nbr	Principal Nbr	Staff Nbr	Sex	Age	Class	Effective Date	Premium Days Calculation	Package Description	Gross Premium	VAT Amount	Gross Total	
AIZEL REE GABUYO	9078421	9078421	1409	F	30	WARD	30/06/2018	96	SM/CIC 17/50Ded/NoMat/OP3/PH14/NoDental/08	-618.15	-30.90	-649.05	
						Total Members per Department		1	Total Premium and VAT Per department	-618.15	-30.90	-649.05	

Event Total Billed Amount in AED	-649.05
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Grand Total Billed Amount in AED	-649.05
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MEMBER CONFIDENTIAL

National Health Insurance Company - Daman (PJSC) (P O Box 128888, Abu Dhabi, U A E Tel No +97126149555 Fax No +97126149550)

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