MEDICAL AND DENTAL COUNCIL OF NIGERIA

Payment Receipt

Generated On 01/09/2023

Remita Retrieval Reference (RRR)
3508-9150-6812

PAYER INFORMATION

NAME	BAMIDELE JOHNSON ALEGBELEYE
EMAIL	DRBALEGBELEYE@GMAIL.COM
PHONE NUMBER	2348060405759

PAYMENT DETAILS

PAYMENT DATE	PAYMENT REF	SERVICE DESCRIPTION	AMOUNT (NGN)	CHARGES (NGN)	VAT ON CHARGES (NGN)	TOTAL (NGN)
01/09/2023	350891506812	PRACTICING FEE	40,000.00	150.00	11.25	40,161.25
		TOTAL PAID	**40,000.00**	**150.00**	**11.25**	**40,161.25**
		TOTAL AMOUNT				**40,161.25**
		BALANCE DUE				**0.00**

BILLER REQUIRED INFORMATION

PAYMENT CHANNEL INFORMATION

BANK NAME	BRANCH	BANK TELLER	DEPOSIT SLIP NO
FIRST CITY MONUMENT BANK PLC	AKURE 2	ADETIBA ADESHOLA	01092023

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