MEDICAL AND DENTAL COUNCIL OF NIGERIA

Payment Receipt

Generated on 14/12/2020

Remita Retrieval Reference (RRR)

1304-4054-0482

PAYER INFORMATION

NAME	DR. ALEGBELEYE BAMIDELE JOHNSON
EMAIL	drbalegbeleye@gmail.com
PHONE NUMBER	+23408060405759

PAYMENT DETAILS

PAYMENT DATE	PAYMENT REF	SERVICE DESCRIPTION	AMOUNT (NGN)	CHARGE (NGN)	VAT on Charges (NGN)	TOTAL (NGN)
14/12/2020	130440540482	ADDITIONAL QUALIFICATION	93,000.00	615.00	46.13	93,661.13
		TOTAL PAID	93,000.00	615.00	46.13	93,661.13
		TOTAL AMOUNT				93,661.13
		BALANCE DUE				0.00

BILLER-REQUIRED INFORMATION

ITEM	DESCRIPTION
Payer	Dr. Alegbeleye Bamidele Johnson
Description	Additional Qualification 30,000 Devpt Levy 5,000 GOR/RPC 3,000 Postage 35,000 Penalty 20,000

PAYMENT CHANNEL INFORMATION

PAYMENT CHANNEL	AUTHORIZATION REF.
CARD PAYMENT	6773605570 -