

MEDICAL AND DENTAL COUNCIL OF NIGERIA



Payment Receipt

Generated on 19/12/20

Remita Retrieval Reference (RRR)

1404-4185-9342

PAYER INFORMATION

NAME	DOLAPO AFUSAT FOLARIN
EMAIL ADDRESS	adedolapofolarin@yahoo.com
PHONE NUMBER	+2348057948752

PAYMENT DETAILS

PAYMENT DATE	PAYMENT REF	SERVICE DESCRIPTION	TOTAL AMOUNT (NGN)
19/12/20	140441859342	2021 Annual License	10,000
TOTAL PAID			10,000

BILLER-REQUIRED INFORMATION

ITEM	DESCRIPTION
Description	2021 Annual License

PAYMENT CHANNEL INFORMATION

PAYMENT CHANNEL	AUTHORIZATION REF.
CARD PAYMENT	R4SLRGHY0UES