COMMUNITY HEALTH PRACTITIONERS REGISTRATION BOARD - 052101000100

Payment Receipt

Generated on 17/09/2021

Remita Retrieval Reference (RRR)

2005-4545-5180

PAYER INFORMATION

NAME	ODELEYE DEBORAH SEUN
EMAIL	deborahodeleye1995@gmail.com
PHONE NUMBER	234 813 503 3185

PAYMENT DETAILS

PAYMENT DATE	PAYMENT REF	SERVICE DESCRIPTION	AMOUNT (NGN)	CHARGE (NGN)	VAT on Charges (NGN)	TOTAL (NGN)
17/09/2021	200545455180	PROFESSIONAL REGISTRATION & LICENSING	3,500.00	167.50	12.56	3,680.06
		TOTAL PAID	3,500.00	167.50	12.56	3,680.06
		TOTAL AMOUNT				3,680.06
		BALANCE DUE				0.00

BILLER-REQUIRED INFORMATION

ITEM	DESCRIPTION
Description	CHO license renewal

PAYMENT CHANNEL INFORMATION

PAYMENT CHANNEL	MASKED CARD PAN	AUTHORIZATION REF.	CARD SCHEME
CARD PAYMENT		8280252426 -	

PAYMENT CHANNEL INFORMATION