



PHARMACISTS COUNCIL OF NIGERIA

PAYER'S INFORMATION

NAME	JOSIAH BINUYO
EMAIL	binuyoboatj@gmail.com
PHONE NUMBER	+2349029439322
PAYMENT LOCATION	PCN - Oyo

PAYMENT RECEIPT

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Remita Retrieval Reference (RRR)

2504 - 8105 - 7111

PAYMENT DETAILS

FULL NAME	REGISTRATION NUMBER	SERVICE DESCRIPTION	TOTAL (NGN)
Josiah Binuyo		PHARMACY TECHINCIAN ANNUAL PERMIT	N 2,500.00
Josiah Binuyo		PHARMACY TECHINCIAN ANNUAL PERMIT	N 2,500.00
TOTAL AMOUNT PAID			N 5,000.00

PAYMENT METHOD INFORMATION

PAYMENT METHOD

CARDPAYMENT

