



ACH Credit / GIRO

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|---|--|----------------------------------|
| Debit Account 116473011 | Payment Currency MYR - MALAYSIAN RINGGIT | Payment Amount 2000.00 |
| Account Name ARA DAMANSARA MEDICAL CENTRE | Payment Method ACH Credit/GIRO | |
| Branch Name CITIBANK BERHAD 297089-M (MALAYSIA) | Payment Type PAYLINK GIRO, Malaysia | |

Payment Details

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|---|---|------------------------------|
| Status CB Accepted | Sub Status -- | |
| Transaction Reference Number 6-+39194 | Value Date 01/27/2023 | Payment Details -- |
| Transaction Type 21-DEFAULT | Ordering Party SDMC-AD CITIBANK | |
| Charges Indicator Shared | Subsidiary Identifier Ara Damansara Medical Centre SB | |
| Charges Account 116473011 | | |
| Confidential No | | |

Beneficiary Details

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|---|--|---|
| Beneficiary Name Persatuan Fisioterapi Malaysia | Beneficiary Bank Routing Method INTERBANK GIRO | Beneficiary Account Number 8000505817 |
| | Beneficiary Bank Routing Code CIBBMYKL | Beneficiary Residency Status Resident |
| | Beneficiary Bank Name CIMB BANK BERHAD | |
| | Beneficiary Bank Address Line 1 -- | |
| | Beneficiary Bank Address Line 2 -- | |
| | Beneficiary Bank Address Line 3 -- | |

Beneficiary Advising Details



Advice to Name
HR

Alternate Fax Number
--

Mail To Name
--

Advice Media
Internet

SMS Phone Number
--

Mail To Address
--

Fax Number
--

Email Address
hemasundhri@rsdhealth.com

Sub Form Details

Unstructured Invoice

EMAIL+banu.nagiah@rsdhealth.com

| INVOICE DATE | INVOICE NUMBER | INVOICE AMOUNT | PAID AMOUNT |
|--------------|----------------|----------------|-------------|
|--------------|----------------|----------------|-------------|

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|-------------|---------------|----------|----------|
| 25-JAN-2023 | TRAININGJAN23 | 2,000.00 | 2,000.00 |
|-------------|---------------|----------|----------|

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| TOTAL PAID AMOUNT : | | 2,000.00 |
|---------------------|--|----------|