

Payment details

Payment type	ACH Payment
Debit account	SUNWAY MEDICAL CENTRE PG SB 105-784201-101
Debit account name	SUNWAY MEDICAL CENTRE PG SB
Debit ccy	
Debit amount	
Beneficiary account	8000505817
2nd party ID	14588
Beneficiary name	PERSATUAN FISIOTERAP
Payment ccy	MYR
Payment amount	1,300.00
Value/Instrument date (dd/mm/yyyy)	11/09/2024
Instrument number	
Customer reference	2087/0

View advice (Advice)

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Please note that advice will only be triggered for the recipient if your transaction amount >= threshold amount.

Recipient 1

Recipient details

Recipient name	mpaexco
Type of advice	Full advice
E-mail	
Delivery by e-mail	
Secure mail option	
Advice format	Advice in PDF format
Primary e-mail address	MPAEXCO.TREASURER@GMAIL.COM
Alternate e-mail address	
Domicile of recipient	Malaysia
Threshold amount (USD)	

Recipient 2

Recipient details

Recipient name	SMC AP
Type of advice	Full advice
E-mail	
Delivery by e-mail	
Secure mail option	
Advice format	Advice in PDF format
Primary e-mail address	smcap@sunway.com.my
Alternate e-mail address	
Domicile of recipient	Malaysia
Threshold amount (USD)	

Free format

Table

Invoice Date	Invoice Number	Payment Amount	Remarks
2024/09/02	PELVICHEALTH2024	1300.00	
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