

MEMO FOR AMOUNT TO BE PAID

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|--------------------------------------|---|
| Al Hanna Home Health Care Center Est | BRANCH : Head Office Dubai |
| Post Box No: 0, DUBAI | QUOTATION NUMBER : 0101010505320010000000 |
| Dubai, Dubai | DOCUMENT DATE : 15/05/2025 |
| UAE | DEPARTMENT : Motor |
| | RECEIPT PARTY CODE : NPA0095 |

| DETAILS | PAYMENT PURPOSE | AMOUNT(AED) |
|--|------------------------------|---------------|
| Amount to be Paid against mentioned Quotation : 0101010505320010000000 | Gross Premium Written | 675.00 |
| | VAT on Gross Premium Written | 33.75 |
| | TOTAL | 708.75 |
| Amount in Words : United Arab Emirates Dirhams Seven Hundred Eight And Fils Seventy-Five only. | | |

For Sukoon Insurance PJSC



Authorised Signatory

Notes:-

- 1.Receipt to be issued using receipt party code mentioned above;
- 2.Please mention proper quotation reference while issuing receipt.