

Date: 14/12/2020 **File Type:** PPS
Payment Date: 15/12/2020 **File Name:** CAY07365.TXT

No.	Beneficiary Name	Credit Bank Code	Credit Account Number	Amount	Debit Bank Code	Reference/EFT Number
1	YIKEN MEDICAL PLT HLBB		15400041341	4,500.00	MYBB	2NPCAY0017192

Funding Summary

No.	Bank Name	Account No	Type	Transactions	Amount	Fees	Total Amount
1	MAYBANK	564164438566	IBG	1	4,500.00	0.80	4,500.80
Total				1	4,500.00	0.80	4,500.80

Total Transactions	1
Total Amount (RM)	4,500.00
Total Fees (RM)	0.80
Total Payable (RM)	4,500.80

Date: 14/12/2020

File Type: PPS

Payment Date: 15/12/2020

File Name: CAY07365.TXT

Beneficiary Email

