

Payment date: 03rd Feb, 2025

Payment Reference:

458232154626004

PAYMENT RECEIPT**PAYER INFORMATION**

Name OYINDAMOLA OLUWABUNMI (MISS) FABINU,

Payee Branch Ibadan

Enrollment No. SCN125030

Email afeibadan@yahoo.com

Year of Call 2019

PAYMENT DETAILS

PAYMENT DATE	PAYMENT REF.	PAYMENT DESCRIPTION	AMOUNT ₦	CHARGES ₦	VAT ₦	TOTAL ₦
03rd Feb, 2025	458232154626004	Stamp and Seal Fee	7,000	0.00	0.00	7,000

PAYMENT CHANNEL INFORMATION

TRANSITION	STATUS	PAYMENT TYPE	PAYMENT YEAR	BILLING METHOD
NBA Portal	Successful	STAMP_SEAL		

