

**Remittance Advice**

Date: .....

Customer ID No.: .....

Company Name: .....

**To: Mediharta Sdn Bhd**

**Fax No. 03 – 2093 9763**

**Re: Payment Details**

I/We attach herewith the copy of the followings for your kind attention: -

- 1. The cheque payable to "Mediharta Sdn Bhd" (if payment made by cheque);
- 2. The bank in slip to your **MBB A/C No. 514 329 332 822**;
- 3. The fast cheque deposit slip (if any).

This is being payment for Pro-forma Invoice / Invoice No. .... dated .....

Kindly please update your records accordingly.

Regards,

.....

Name: .....

Designation: ..... .....

Tel No.: .....

Co. Stamp

**For Mediharta's Use Only**

Payment Verified By Accounts Dept: ..... Date: .....

Payment Credited To MBB A/C:

Yes Date: ..... Amount (RM): .....

No Reason: .....