



DEBIT NOTE

Debit Note No.: **010900073013-99**

Client Code: **0003221539**

Account Code: **D09999-000**

Date: **21 June 2012**

The Insured **ABC SDN BHD**
The Insured's Address **NO 23 ATAS JALAN ABC
TAMAN ABC
BULOH ABC
85010 SEGAMAT
JOHOR DARUL TAKZIM**
Class **WORKMEN'S COMPENSATION**

PARTICULARS

Policy No.: **010900073013-99**

Period of Insurance: **From 09 June 2012
to 08 June 2013**

Premium:	RM	180.00
Service Tax:	RM	10.80
Stamp Duty (6%):	RM	10.00
	RM	200.80

A Cashier's Receipt will be given on payment of this account.

E. & O. E.

(This is a computer Generated Form and does not Require a Signature)