

DOCTOR'S ACCOUNT NUMBER DETAILS TO BE SUBMITTED TO THE MINISTRY OF HEALTH

First Name: _____

Middle Name: _____

Last Name: _____

LOP File No. : _____

Cellular No. : _____

I hereby confirm to transfer amounts due to me from Ministry Of Health to the following AUB Account:

Name of Bank: **HSBC**

Branch: **Ras Beirut**

IBAN: **LB19000700000000003013687005**

Account Number: **A/C 003-013687-005**

Signature: _____

Date: _____