MATYAL MEDICAL CENTRE | مطیال میڈیکل سینٹرنار

PAKISTAN, AZAD KASHMIR, KOTLI, MATYAL

Make a ONE OFF PAYMENT OR set up a STANDING ORDER from £5 a month (please complete form below)

Barclays Bank | Name: Matyal Community Trust | Sort Code: 20-05-73 | Account: 13134385

100% Donation Policy
All donations will be used to run Matyal Medical Centre

Medical Centre Patients Treated

- 2019 – 6,933
- 2018 – 5,923
- 2017 – 6,216
- 2016 – 5,717

Maternity Centre Patients Treated

- 234 Consultations
- 7 Home Delivery
- 2 Centre Delivery

- Founded 1996
- 200+ walk-in patients every week
- Maternity Centre
- Professional staff
- Medical Records
- Female Nurse
- Onsite Chemist
- Successfully running 24+ years
- Onsite check-up
- Authentic Medicine
- Accessible location
- Sterilised Equipment

History of Azad Kashmir Medical Centre	Medical Services Provided	How your donations will be used
Concerned community members set up Matyal Medical Centre in 1996 to help vulnerable residents	Today the centre provides medical advice, high quality medication and maternity services to many vulnerable communities across Naar, Azad Kashmir.	Your support will help purchase high quality medication and day to day running of the Matyal Medical Centre.

Contact UK Headquarters Team: +44 (0)7916334207


Medical Ward


Treatment Centre


New Patients


New Patients


Storage Area


New Patients

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Jazakallahu Khair for your duas, support & donations which helps vulnerable patients every day !

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Standing order form Instructions to your bank or building society

Please complete in BLOCK CAPITALS and using BLACK ink | All boxes must be completed in order for your request to be processed

To the Manager	**Please set up this Standing Order**
Name of your Bank	
Address of your Bank	

1 Details of the account where payments will be sent to (Beneficiary details – Who you want to pay)

Name of Account	**MATYAL COMMUNITY TRUST**
Sort Code	**20-05-73**
Account Number	**13134385**
Amount (in figures)	
Amount (in words)	
Date of First Payment	
Frequency	**MONTHLY (until further notice)**
Reference (name)	

2 Details of the customer account where payments will be made from (Account to be debited)

Name of Account	
Sort Code	
Account Number	

3 Authorisation

I hereby authorise my bank to set-up this standing order payment from my account:

Customer Name	
Customer Signature	
Date	

Please return the completed form to your bank so that it can be processed