



For BPS-01 to BPS-15

Bank Copy
IBT-02

INTER BRANCH TRANSACTION PAY IN SLIP

Branch Code:				
Branch Name:				

Date:						
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Depositor Copy	✓
CASH DEPOSIT	
FUND TRANSFER	

CREDITED TO:

Branch Code				Branch Name
1	7	0	7	NBP Shaikh Zayed Hospital, Lahore Branch

Ref / IBT Number

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Tick A/C Type			A/C Type	ACCOUNT NO.																			
PLS	C/A	ADV																					
✓																							
P	K	5	4	N	B	P	A	1	7	0	7	0	0	3	1	5	4	8	2	0	8	9	5

Name: CHAIRMAN SH. ZAYED HOSPITAL LHR

Rs. 5 0 0 / -

Amount in Words: Five Hundred Rupees Only

Bank's Stamp

Authorized
Signature

Applicant's Signature

Name : _____
Father Name : _____
CNIC No. : _____
Phone No. : _____
Address : _____
