

National Bank of Pakistan نیشن بینک آف پاکستان

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	\checkmark
CASH DEPOSIT	
FUND TRANSFER	

CREDITED TO:

	Branc	h Code		Branch Name	Ref / IBT Number
1	7	0	7	NBP Shaikh Zayed Hospital, Lahore Branch	

Ti	ck A	A/C Type								4/С Гур					A	CC	OU	N]	ſN	0.			
PL	.s ✓			C/	Ά		AI)V															
Р	Κ	5	4	Ν	B	P	Α	1	7	0	7	0	0	3	0	0	1	4	0	9	5	8	4

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	:

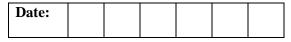


For BPS-01 to BPS-15

Customer Copy IBT-02

INTER BRANCH TRANSACTION PAY IN SLIP

Branch Code:		
Branch Name:		



Depositor Copy	✓
CASH DEPOSIT	
FUND TRANSFER	

CREDITED TO:

	Branc	h Code		Branch Name	Ref / IBT Number
1	7	0	7	NBP Shaikh Zayed Hospital, Lahore Branch	

Ti	ck A	κ A/C Type								4/С Гур					A	CC	OU	NI	ſN	0.			
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Amount in Words: Five Hundred Rupees Only

Bank's Stamp

Authorized Signature

Aj	pplicant's Signature
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Father Name	:
CNIC No.	:
Phone No.	:
Address	: