



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	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 : \_\_\_\_\_



National Bank of Pakistan  
نیشنل بینک آف پاکستان

For BPS-01 to BPS-15

Customer Copy  
IBT-02

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5	0	0	/	-							
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Applicant's Signature

Name : \_\_\_\_\_  
Father Name : \_\_\_\_\_  
CNIC No. : \_\_\_\_\_  
Phone No. : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_