



For BPS-16 & above

Bank Copy
 IBT-02

INTER BRANCH TRANSACTION PAY IN SLIP

Branch Code:				
Branch Name:				

Date:							
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Depositor Copy	<input checked="" type="checkbox"/>
CASH DEPOSIT	<input type="checkbox"/>
FUND TRANSFER	<input type="checkbox"/>

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 <input checked="" type="checkbox"/>	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. 1 0 0 0 / -

Amount in Words: One Thousand Rupees Only

Bank's Stamp

Authorized Signature

Applicant's Signature

Name : _____

Father Name : _____

CNIC No. : _____

Phone No. : _____

Address : _____



For BPS-16 & above

Customer Copy
 IBT-02

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PLS	C/A			ADV																				
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Name: CHAIRMAN SH. ZAYED HOSPITAL LHR

Rs.	1	0	0	0	/	-				
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Amount in Words: One Thousand Rupees Only

Bank's Stamp

Authorized Signature

Applicant's Signature

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