

National Bank of Pakistan نیپشن بینک آف پاکستان

For BPS-16 & above

Bank 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/	'C]	Гур	e						\/С `ур		ACCOUNT NO.											
PI	LS ✓				C /	Ά		AI)V															
Р	K		5	4	Ν	B	P	Α	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	:	



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For BPS-16 & above

Customer Copy IBT-02

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Branch Code:		
Branch Name:		

Date:			

Depositor Copy	\checkmark
CASH DEPOSIT	
FUND TRANSFER	

CREDITED TO:

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CNIC No.	:					
Phone No.	:					
Address	:					