

National Bank of Pakistan نیپشن بینک آف پاکستان

For BPS-16 & above

Bank Copy IBT-02

# **INTER BRANCH TRANSACTION PAY IN SLIP**

<b>Branch Code:</b>		
Branch Name:		

<b>Depositor Copy</b>	✓
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						<b>\/С</b> `ур		ACCOUNT NO.											
PI	LS ✓				<b>C</b> /	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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Customer Copy IBT-02

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Date:			

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