



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	✓
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.

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 : _____



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Customer Copy
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Father Name : _____

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Address : _____