

SPECIALIZED DEPOSIT SLIP

On Behalf of Bureau of Emigrant & Overseas Employment Bank Copy

Deposit Slip No

EMIGRANT TH	ROUGH OVERS	EAS EMP	LOYN	NENT PE	ROM	ото	R (C	EP)							
Collection Branch Name	Branch Code			Date	П	1-							П		
Emigrant Information	-			-11-11-12-12	+ +	-	1								
Emigrant Name:		CNIC	\Box		-							+			
Telephone (mobile)						- 1.5			7.1		THE PERSON NAMED IN				
Particular of Payments _ CREDIT TO	MADE THROUGH TO	RANSACTIO	N COD	E "ZBOEO	P"					Am	oun	t in	Rs.		
Payment made on behalf of				OPF Welfare Fund						Rs. /-					
Director General			St	State Life Insurance Premium						Rs. /-					
Bureau of Emigration & Overseas Employment				OEC Emigrant Promotion FEE						Rs. /-					
Amount in Words:					-		To	tal			Rs.		1.		
Received By	ed By Authorized By					Depositor's Signature									
Cashier's Stamp & Signature	Authorized Of	Name; Contact Number; Signature:													
Note: for branch only	– Only cash	-	- Separate slip for every individual												
EMIGRANT TH	IROUGH OVERS	EAS EMP	LOYN	NENT PE	ROM	ото	R (C	EP)							
Collection Branch Name	Branch	Date	TT	1.			-				Г				
Emigrant Information				1	-							-			
Emigrant Name:		CNIC										+	1		
Telephone (mobile)			1	181 182			-				ti.	7			
Particular of Payments _ CREDIT TO	MADE THROUGH TO	RANSACTIO	N COD	E "ZBOEC	P"					Am	oun	t in	Rs.		
Payment made on behalf of				OPF Welfare Fund									Rs. /-		
Director General			State Life Insurance Premium Rs.										7-		
Bureau of Emigration & Overseas Employment			O	OEC Emigrant Promotion FEE						Rs. /-					
Amount in Words: SIX THOUSAND SEVEN HUNDRED ONLY				Total Rs.								/-			
Received By	Autho	Authorized By			Depositor's Signature										
Cashier's Stamp & Signature	Authorized Of	Si	Name: Contact Number: Signature:												
Note: for branch only	- Only cash	- Separate slip for every individual													