

Note: for branch only

## SPECIALIZED DEPOSIT SLIP

On Behalf of Bureau of Emigrant & Overseas Employment

**Depositor Copy** 

Deposit Slip No.

- Separate slip for every individual

															015	55539	)		
EMIC	GRANT TH	ROUGH O	VERSI	EAS EN	ЛPL	OY	'ME	NT	PR	ON	10	ΓΟΙ	R (C	DEP	)				
Collection Branch Name		Branch Code					Di	ate	0	6	-	0	3	-	2	0	2	5	
Emigrant Information																			_
Emigrant Name:	Freda Kirlin			CNIC	3	5	2	0	2	0	1	5	5	5	3	9	0		
Telephone (mobile)																			
Particular of Payments _	CREDIT TO N	ADE THRO	UGH TR	ANSAC	TION	l CO	DE '	"ZB(	DEO	Р"						Am	oun	t in	Rs.
Payment made on behalf of								OI	PF W	/elfa	re F	Rs. 5000 /-							
				State Life Insurance Premium							Rs. 3000 /-								
Bureau of Em	nigration & O	verseas Em	ployme	nt			OEC	C Em	igra	nt P	rom	otic	n Fl	EE			Rs	. 200	)/-
Amount in Words: Eight	Thousand Tw	o Hundred (	Only										То	tal		ı	₹s. 8	<b>320</b> 0	) /-
Received By		Authorized By Depo								pos	ositor's Signature								
							Name: Muhammad							Atif Shehzad					
						Contact Number: 03								3244257417					
Cashier's Stamp & S	ignature	Author	rized Off	ficer's Si	gnat	ture		Signature:											
Cashier's Stamp & Signature Authorized Officer's Signature  Note: for branch only - Only cash is acceptab						le		– Separate slip for every individual											
SPECIALIZED DEPOSIT  On Behalf of Bureau of Emigrant & Ov Employment										<u> </u>									
															015	55539	)		
EMIC	RANT TH	ROUGH O	VERSI	EAS EN	ЛPL	OY	ME	NT	PR	ON	101	ГОЕ	R (C	DEP	)				
Collection Branch Name	Branch	anch Code Dat							6	-	0	3	-	2	0	2	5		
Emigrant Information								_			_				_	_			_
Emigrant Name: Freda Kirlin				CNIC	3	5	2	0	2	0	1	5	5	5	3	9	0		
Telephone (mobile)	089-290-9556																		
Particular of Payments _	CREDIT TO N	ADE THRO	UGH TR	ANSAC	TION	I CO	DE '	"ZB(	OEO	Р"						Am	oun	t in	Rs.
Payment made on behalf of								OPF Welfare Fund Rs. 5000 /-									) /-		
Director General							Stat	ate Life Insurance Premium								Rs. 3000 /-			
Bureau of Emigration & Overseas Employment O							OEC	Emigrant Promotion FEE								Rs. 200/-			
Amount in Words: Eight Thousand Two Hundred Only								Total   Rs. 8200 /-											
Received By		Author	ized By				Depositor Signature												
						Muhammad Atif Shehzad							d						
										Cor	ntact	Nu	mbe	er: 03	3244	257	417		
Cashier's Stamp & S	mp & Signature Authorized Officer's Signature							Signature:											

- Only cash is acceptable



## SPECIALIZED DEPOSIT SLIP

On Behalf of Bureau of Emigrant & Overseas Employment Bank Copy

Deposit Slip No.

0155539

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EMIGRANT THROUGH C				Branch Code					Date		6		0	3	, 	2	То	2	5	
Emigrant Information						Date		0		_			<u> </u>		$T_{0}$					
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Telephone (mobile)											_									
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Payment made on behalf of								OF	DPF Welfare Fund							Rs. 5000 /-				
			State	Lif	e In	sura	nce	Rs. 3000 /-												
Bureau of	ployment OEC						igra	nt P	rom	Rs. 200/-										
Amount in Words: Eig	ht Thousand Tw	o Hundred C	Only	)nlv								Rs. 8200 /								
Received		Authorized By						Total Rs. 8200 /-  Depositor's Signature												
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								Name: Muhammad Atif Shehzad Contact Number: 03244257417												
Cashier's Stamp	izod Off	ficer's Si	iana	Signature:																
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Employment									Deposit Sup No.											
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Collection Branch Name			Branch		Da	ate	0	6	-	0	3	ļ-	2	О	2	5				
Emigrant Information	<u> </u>														_	_	_	_		
Emigrant Name: Freda Kirlin				CNIC	3	5	2	0	2	0	1	5	5	5	3	9	o		Г	
Telephone (mobile)			_																	
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Payment made on behalf of								OPF Welfare Fund Rs. 5000 /-												
Director General							State Life Insurance Premium Rs. 3000										=== ) /-			
Bureau of Emigration & Overseas Employment							OEC	Em	igra	nt P	rom	otio	on F	EE	T		Rs.	200	 )/-	
Amount in Words: Eight Thousand Two Hundred Only													То	tal	T		Rs. 8	B20	 0 /-	
Received	Authorized By					Depositor's Signature														
		· ·					Name: Muhammad Atif Shehzad													
								Contact Number: 03244257417												
Cashier's Stamp & Signature Authorized Officer's Signat						ture		Signature:												
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