

## SPECIALIZED DEPOSIT SLIP

On Behalf of Bureau of Emigrant & Overseas Employment Depositor Copy

Deposit Slip No.

0651125

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Collection Branch Name		Branch Code					Date		0	6	-	0	3	T-	2	0	2	5			
Emigrant Information								_		<u> </u>					_		1-	_			
Emigrant Name: MUDAS	AHMED		CNIC	3	4	6	0	4	0	6	5	1	1	2	5	9					
Telephone (mobile)							_						_								
Particular of Payments _ CREDIT	MADE THRO	UGH TR	ANSAC	TION	ı co	DE	E "ZBOEOP"								mount in Rs.						
Payment made on behalf of								OPF Welfare Fund Rs. 4000 /-													
Director General							State Life Insurance Premium										Rs. 2500 /-				
Bureau of Emigration	1 & O	verseas Em	ployme	nt			OE	DEC Emigrant Promotion FEE Rs. 200/-													
Amount in Words: Six Thousand	n Hundred	Only										To	tal	6700	) /-						
Received By			Authorized By							Depositor's Signature											
						Name: Muham								nmad Atif Shehzad							
								Contact Number: 03244257417													
Cashier's Stamp & Signature	ficer's Si	gnat	ture		Signature:											_					
Note: for branch only	nly cash	is accep	tab	le		– Separate slip for every individu								lual							
On Behalf of Bureau of Emigrant Employment											40		n (4		06	sit S 5112	Slip N 5	lo.	i		
EMIGRANT Collection Branch Name	IH	ROUGHC	Branch		/IPL	.OY	IVIE	$\overline{}$			6		0	JEP 3	) 	2	To	2	5		
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Emigrant Information	A.I.I.4ED		CNIC	3				T_4		6	5	_		2	5	9	Π	Г			
Emigrant Name: MUDASSAR AHMED Telephone (mobile)				CIVIC	<u> </u>	4	6	0	4	0	0	<b>5</b>	1	1	<u>                                     </u>	<u> </u>	<u> </u>		_		
Particular of Payments _ CREDIT	TO N	MADE THRO	UGH TR	ANSAC	TION	I CO	DE	"ZB(	OEO	P"						Δm		t in	== Rs		
Payment made on behalf of								E "ZBOEOP" Amount in Rs.  OPF Welfare Fund Rs. 4000 /-													
Director General							Stat	State Life Insurance Premium Rs. 2500 /-													
Bureau of Emigration & Overseas Employment							OE	OEC Emigrant Promotion FEE Rs. 200/-													
Amount in Words: Six Thousand Seven Hundred Only													То	tal	亡		Rs.	_			
Received By		Author	ized By									_									
						Muhammad Atif Shehzad															
								Contact Number: 03244257417													
Cashier's Stamp & Signature	.	Authorized Officer's Signate						Signature:													
Note: for branch only – Only cash is acceptable								- Separate slip for every individual													



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0651125

EI	MIGRANT TH	ROUGH O	VERSI	EAS EN	ИPL	OY.	ME	NT	· PR	ON	١Ο.	τοι	R ((	DEP	)				•	
Collection Branch Na	Branch Code					Date		0	6		0	3	, 	2	0	2	5			
Emigrant Information							Date								10	<u> </u>				
Emigrant Name:		CNIC	3	4	6	0	4	0	6	5	1	1	2	5	9		Г			
Telephone (mobile)					Г		_		_		_	_			_		_			
Particular of Paymen	UGH TR	ANSAC	TION	CO	DE "	"ZBOEOP"								Amount in Rs.						
Payment made on behalf of								0	PF W	/elfa	re F	unc	Rs. 4000 /-							
				State Life Insurance Premium							m	Rs. 2500 /-								
Bureau o	ployme	Em	nigra	nt P	rom	Rs. 200/-														
Amount in Words: Six	x Thousand Seve	n Hundred (	Only	ly								Rs. 6700 /-								
Received		Author		Depositor's Signature																
								Name: Muhammad Atif Shehzad												
										Со	nta	ct N	um	ber:	032	442	2574	17		
Cashier's Stamp	Cashier's Stamp & Signature Authorized Officer's Signa								Si	gna	ture	e:								
Note: for branch only – Only cash is accept							-Separate slip for every individual													
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Collection Branch Na	Branch		_			_	ate	0	6	  -	0	3	,  -	2	То	2	5			
Emigrant Information								Ľ			L			L			Ľ			
Emigrant Name: MUDASSAR AHMED				CNIC	3	4	6	0	4	0	6	5	1	1	2	5	9		Г	
Telephone (mobile)						Ė			1.				<u>.</u>				10			
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Payment made on behalf of								OPF Welfare Fund Rs. 4000 /-												
Director General							State Life Insurance Premium Rs. 2500 /-										=== ) /-			
Bureau of Emigration & Overseas Employment							OEC	Em	nigra	nt P	rom	otio	on F	EE	T		Rs.	200	 )/-	
Amount in Words: Six Thousand Seven Hundred Only													То	tal	Т		Rs. (	670	) /-	
Received		Authorized By						Depositor's Signature												
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								Contact Number: 03244257417												
Cashier's Stamp	& Signature	re Authorized Officer's Signat						Signature:												
Note: for branch only – Only cash is acceptable								_	_	Sep	ara	ite s	lip f	or e	very	ina	livid	ual		