

## SPECIALIZED DEPOSIT SLIP

On Behalf of Bureau of Emigrant & Overseas  
Employment

**Depositor Copy**

Deposit Slip No. \_\_\_\_\_

### EMIGRANT THROUGH OVERSEAS EMPLOYMENT PROMOTOR (OEP)

Collection Branch Name	Branch Code	Date													
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Emigrant Information

Emigrant Name:	CNIC														
Telephone (mobile)															

**Particular of Payments \_ CREDIT TO MADE THROUGH TRANSACTION CODE "ZBOEOP"** Amount in Rs.

Payment made on behalf of  <b>Director General</b> <b>Bureau of Emigration &amp; Overseas Employment</b>	OPF Welfare Fund	
	State Life Insurance Premium	
	OEC Emigrant Promotion FEE	

Amount in Words: **Total**

Received By	Authorized By	Depositor's Signature
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Cashier's Stamp & Signature	Authorized Officer's Signature	Name: Muhammad Atif Shehzad Contact Number: 03244257417
		Signature: _____

**Note: for branch only**

**– Only cash is acceptable**

**– Separate slip for every individual**

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Amount in Words:

Received By	Authorized By	Depositor Signature
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Cashier's Stamp & Signature	Authorized Officer's Signature	Muhammad Atif Shehzad Contact Number: 03244257417
		Signature: _____

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