

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	0	6	-	0	3	-	2	0	2	5
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Emigrant Information

Emigrant Name: Declan Hardy	CNIC	4	5																
Telephone (mobile)	+1 (856) 786-3203																		

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

Payment made on behalf of Director General Bureau of Emigration & Overseas Employment	OPF Welfare Fund	Rs. 4000 /-
	State Life Insurance Premium	Rs. 2500 /-
	OEC Emigrant Promotion FEE	Rs. 200/-

Amount in Words: Six Thousand Seven Hundred Only **Total** **Rs. 6700 /-**

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: _____
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Note: for branch only

- Only cash is acceptable

- Separate slip for every individual

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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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