

SPECIALIZED DEPOSIT SLIP

On Behalf of Bureau of Emigrant & Overseas Employment Depositor Copy

Deposit Slip No.

EMIGRANT TH	ROUGH O	VERSI	EAS EN	ΛPL	OY.	ME	ENT	PR	ON	10	TO	R (0	DEP)								
Collection Branch Name Branch Code							D	ate	0	6	-	0	3	-	2	0	2	5				
Emigrant Information																_						
Emigrant Name: Declan Hardy CNI					5																	
Telephone (mobile) +1 (856) 786-3203																						
Particular of Payments _ CREDIT TO MADE THROUGH TRANSACTION Co								OEO	Ρ"					Amount in Rs.								
Payment made on behalf of								OPF Welfare Fund Rs. 4000) /-				
Director General							State Life Insurance Premium									Rs. 2500 /-						
Bureau of Emigration & Overseas Employment						OEC Emigrant Promotion FEE								Rs. 200/-								
Amount in Words: Six Thousand Seven Hundred Only							Total Rs. 6700 /-) /-						
Received By Authorized By							Depositor's Signature															
								Name: Muhammad Atif Shehzad														
								Contact Number: 03244257417														
Cashier's Stamp & Signature	Author	rized Off	ficer's S	igna	ture		Signature:															
Note: for branch only - Only cash is acceptable								– Separate slip for every individual														
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SPECIALIZED DEPOSIT										SLIP BE&OE Copy												
On Behalf of Bureau of Emigrant & Ov																						
Employment Dep													сро	510 0	ъ							
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Collection Branch Name Branch Code							D	Date 0 6 - 0 3 - 2 0 2							5							
Emigrant Information																		_				
Emigrant Name: Declan Hard		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							OPF Welfare Fund Rs. 4000 /-															
Director General						State Life Insurance Premium R:								₹s. 2	Rs. 2500 /-							
Bureau of Emigration & Overseas Employment							EC Emigrant Promotion FEE								Rs. 200/-							
Amount in Words: Six Thousand Seven Hundred Only							Total Rs. 6700 /-															
Received By	Authorized By						Depositor Signature															
							Muhammad Atif Shehzad															
								Contact Number: 03244257417														
Cashier's Stamp & Signature	e Authorized Officer's Signature							Signature:														
Note: for branch only – Only cash is acceptable								-	Sep	ara	te si	ip fo	or ev	ery i	ndiv	idud	ıl					



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Deposit Slip No.

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Collection Branch Name Branch								Di	ate	0	6	-	0	3	Γ-	2	0	2	5	
Emigrant Information						_							_		_	_		_	_	
Emigrant Name: Declan Hardy					4	5	Π									Г				
Telephone (mobile) +1 (856) 786-3203							_							I		_		_	_	
Particular of Payment	s _ CREDIT TO N	MADE THRO	UGH TR	RANSAC	TION	V CC	DE	"ZB(OEO	Р"						Am	oun	t in	Rs.	
Payment made on behalf of								OPF Welfare Fund Rs. 4000) /-		
Director General							State Life Insurance Premium									Rs. 2500 /-				
Bureau of Emigration & Overseas Employment							OEC Emigrant Promotion FEE								Rs. 200/-					
Amount in Words: Six	Thousand Seve	n Hundred (Only					Total Rs. 6700 /-) /-			
Received	ized By							D	ерс	sito	or's S	Sign	atuı	re						
							Name: Muhammad								d At	Atif Shehzad				
								Contact Number: 03244257417												
Cashier's Stamp & Signature Authorized Officer's Signatu							!	Signature:												
Note: for branch only – Only cash is acceptab										-Se _l	oara	te s	lip j	or e	very	ind	ivid	ual		
FM	MIGRANT TH			Employn	nent					ΟN	//OT	ΓΩΙ	R ((•	sit S	lip N	lo.	I	
Collection Branch Name EMIGRANT THROUGH OVERSEAS EMPL Branch Code								$\overline{}$	ate	0	6	-	0	3	<u>,</u> -	2	О	2	5	
Emigrant Information																		_	L	
					4	5	Т	Т	Т						Т	\Box	Т		Г	
Emigrant Name: Declan Hardy CNIC Telephone (mobile) +1 (856) 786-3203						۲					Ш									
Particular of Payment			DUGH T	RANSA	стіо	N C	OD	E "ZE	BOE	OP"	_					Am	oun	t in	Es.	
Payment made on behalf of								OPF Welfare Fund Rs. 4000 /-												
Director General							Sta	te Lif	fe In	sura	nce	Pre	miu	ım	一		Rs. 2	2500) /-	
Bureau of Emigration & Overseas Employment							OE	C Em	igra	nt P	rom	otio	n F	EE	T		Rs.	200	 /-	
Amount in Words: Six Thousand Seven Hundred Only													То	tal	厂		Rs. (670	==) /-	
Received By Authorized By											De	epo	sito	r's Si	 gnat	ure				
					Name: Muhammad Atif Sheh						==== ehzə	d								
									Contact Number: 03244257417											
Cashier's Stamp & Signature Authorized Officer's Signat						ture	!		Si	gnat	ture	:								
Note: for branch only – Only cash is acceptable									_	Sep	ara	te s	lip f	or e	very	ind	ivid	ual		