

Note: for branch only

## SPECIALIZED DEPOSIT SLIP

On Behalf of Bureau of Emigrant & Overseas Employment

**Depositor Copy** 

Deposit Slip No.

															210	08825	5			
EM	IIGRANT TH	ROUGH O	VERSI	EAS EN	/IPL	OY	ME	ENT	PR	ON	<b>/10</b> 1	ΓOF	R (0	DEP	)					
Collection Branch Name	Branch Code						Da	ate	0	6	-	0	3	<u> </u> -	2	0	2	5		
Emigrant Information										_						_				
Emigrant Name:	san	CNIC	6	1	1	0	1	2	1	0	8	8	2	5	0					
Telephone (mobile)																				
Particular of Payments	S_CREDIT TO I	MADE THRO	UGH TR	ANSAC	ΓΙΟΝ	I CO	DE '	"ZB(	DEO	Ρ"						Am	oun	t in	Rs.	
Payment made on behalf of								OPF Welfare Fund Rs. 4000 /-											) /-	
Director General							State Life Insurance Premium OEC Emigrant Promotion FEE									Rs. 2500 /-				
Bureau of I	Emigration & O	verseas Em	ployme	nt			OEC	Em	igra	nt P	rom	Rs. 200/-								
Amount in Words: Six	Thousand Seve	n Hundred (	Only					Total Rs. 6700 /-												
Received I	Зу	Authorized By							Depositor's Signature											
										Name: Muhammad Atif Shehzad										
								Contact Number: 03244257417												
Cashier's Stamp & Signature Authorized Officer's Signat						ture		Signature:												
Note: for branch only - Only cash is acceptable						le			•	- Se	para	ite s	lip	for e	very	ind	livid	ual		
©NBP SPECIALIZED DEPOSIT On Behalf of Bureau of Emigrant & O									· · · · · · · · · · · · · · · · · · ·											
Employment														D	•		•	o.		
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EM	IIGRANT TH				/IPL	OY.	ME	ENT	PR	ON	/101	TOF	₹ (0	DEP	<u>)</u>	_	_	_	_	
Collection Branch Nam		Branch	Code				Da	ate	0	6	-	0	3	-	2	0	2	5		
Emigrant Information						_	_	_					_					_		
Emigrant Name: Muhammad Farooq Has				CNIC	6	1	1	0	1	2	1	0	8	8	2	5	0			
Telephone (mobile)																_	_		_	
Particular of Payments			UGH TR	ANSAC	TION	I CO	DE.								_		oun			
Payment made on behalf of								OPF Welfare Fund Rs. 4000 /- te Life Insurance Premium Rs. 2500 /-												
Director General								Em							$\vdash$		Rs. 2		_	
Bureau of Emigration & Overseas Employment							OLC	LIII	ıgıa						$\vdash$		Rs.			
Amount in Words: Six Thousand Seven Hundred Only									_		_			tal			₹s. 6	700	) /- =	
Received I	Authorized By Depositor Signature  Muhammad Atif Shehzad									_	_									
Cashier's Stamp & Signature Authorized Officer's Signat								Contact Number: 03244257417 Signature:												
Cashier's Stamp & Note: for bran			is accep				<u> </u>					ip fo	or ev	erv i	ndiv	iduc	 ıl	_		
		211	.,							- 1-					,	-				

- Only cash is acceptable



## SPECIALIZED DEPOSIT SLIP

On Behalf of Bureau of Emigrant & Overseas Employment Bank Copy

Deposit Slip No.

2108825

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Collection Branch Name				Branch Code					Date		6	-	0	3	T-	2	T <sub>0</sub>	2	5	
L Emigrant Information					_										_	_	_	_	_	
Emigrant Name: Muhammad Faroog Hass			n	CNIC	6	1	1	0	1	2	1	0	8	8	2	5	0		Г	
Telephone (mobile)																_				
Particular of Payment	ts _ CREDIT TO N	AADE THROU	GH TR	ANSAC	LION	СО	DE "Z	ZBC	DEO	Ρ"						Am	oun	t in	Es.	
Payment made on behalf of								OP	F W	'elfa	re F	unc	<u> </u>	Rs. 4000 /-						
	eneral							e In	sura	nce	Rs. 2500 /-									
Bureau of	verseas Empl	ployment						igra	nt P	rom	EE	Rs. 200/-								
Amount in Words: Six	n Hundred On	nly										То	Rs. 6700 /-							
Received	А	Authorized By							Depositor's Signature											
								Name: Muhammad Atif Shehzad												
					Contact Number: 03244257								2574	17						
Cashier's Stamp & Signature Authorized Officer's Signat						ture		Signature:												
Note: for brai	nch only	– Only	cash .	is accep	tab	le		-Separate slip for every individu								ual				
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NBP State of Patieton		SPECL	ALIZ	ED D	EP	OS	IT S	LI	P						Bar	ık C	ору		,	
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EN	IIGRANT TH				ЛPL	OY.	MEN	T	PR	ON	10	ΓΟΙ	R (C	DEP	)	_		_	_	
Collection Branch Name			ranch	Code				Date 0 6 - 0 3							-	2	0	2	5	
Emigrant Information																				
Emigrant Name: Muhammad Farooq Hass			n	CNIC	6	1	1	0	1	2	1	0	8	8	2	5	0			
Telephone (mobile)																				
Particular of Paymen	ts _ CREDIT TO	MADE THROU	JGH TI	RANSAC	CTIO	N C	ODE '	'ZB	OE	OP"						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 I	Em	igra	nt P	rom	otio	n Fl	EE			Rs.	200	/-	
Amount in Words: Six	n Hundred On	nly		To						То	tal	Rs. 6700 /-								
Received	А	Author	ized By		Depositor's Signature															
							Name: Muhammad Atif Shehzad													
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Cashier's Stamp & Signature Authorized Officer's Signat						ture		Signature:												
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