

SPECIALIZED DEPOSIT SLIP

On Behalf of Bureau of Emigrant & Overseas Employment Depositor Copy

Deposit Slip No.

-297466

| EMICDANT TE | IDOLICH OVEDSI | EAC EN | ЛDI | ΩV | 'N / E | NT DE | ~ N | ۷Ο. | т∩ | D ((|)ED | ١ | | | | • | | | | |
|---|--------------------|---------------|------|--------------------|----------------------|--------------------------------------|---|--------|-----------------------|---------|------|-----------|-------------|---------------|--|-------------|--|--|--|--|
| Collection Branch Name | Branch | | VIFL | | Date 0 6 - 0 3 - 2 0 | | | | | | | | 2 | 5 | | | | | | |
| Emigrant Information | | | | | | Date | 10 | 0 | | 10 | 3 | <u> </u> | <u> </u> | 10 | <u> </u> | _ <u> </u> | | | | |
| Emigrant Name: Freda Kirlin | | CNIC | 4 | 6 | 5 | | | | | Π | | | Π | Τ | Π | Γ | | | | |
| Telephone (mobile) 089-290-9556 | ; | | _ | | | | | _ | _ | | _ | _ | _ | | _ | _ | | | | |
| Particular of Payments _ CREDIT TO | MADE THROUGH TR | ANSAC | TION | l CO | DE " | ZBOEO | ZBOEOP" | | | | | | | Amount in Rs. | | | | | | |
| Payment made | on behalf of | | | | OPF Welfare Fund | | | | | | | | Rs. 5000 /- | | | | | | | |
| Director (| General | | Stat | e Life In | Rs. 2500 /- | | | | | | | | | | | | | | | |
| Bureau of Emigration & 0 | Overseas Employme | nt | | | OEC | Emigra | Emigrant Promotion FEE | | | | | | | | Rs. 200/- | | | | | |
| Amount in Words: Seven Thousand S | Seven Hundred Only | d Only | | | | | | | Total | | | | | | | Rs. 7700 /- | | | | |
| Received By | Author | Authorized By | | | | | | | Depositor's Signature | | | | | | | | | | | |
| | | | | | | Name: Muhammad Atif She | | | | | | | | | d | | | | | |
| | | | | Contact Number: 03 | | | | | | | 3244 | 244257417 | | | | | | | | |
| Cashier's Stamp & Signature | Authorized Of | ture | | Signature: | | | | | | | | | | | | | | | | |
| Note: for branch only – Only cash is acceptab | | | | | | - Separate slip for every individual | | | | | | | | | | | | | | |
| On Behalf of Bureau of Emigrant & C Employment EMIGRANT THROUGH OVERSEAS EMPLOYM | | | | | | | Deposit Slip No. -297466 ENT PROMOTOR (OED) | | | | | | | | • | | | | | |
| Collection Branch Name | Branch | | IVIL | Date | | 6 | _ | | 3 | , - | 2 | To | 2 | 5 | | | | | | |
| Emigrant Information | | | _ | | | | | | | | | | 二 | | | Ľ | | | | |
| Emigrant Name: Freda Kirlin | | CNIC | 4 | 6 | 5 | | | | | | | | Γ | Τ | Π | Г | | | | |
| Telephone (mobile) 089-290-9556 | | | | | | | _ | _ | | | | _ | | _ | | | | | | |
| Particular of Payments _ CREDIT TO | MADE THROUGH TR | ANSAC | TION | ı co | DE " | ZBOEO | Р" | | | | | | An | nour | t in | ES. | | | | |
| Payment made on behalf of | | | | | | OPF Welfare Fund Rs. 5000 /- | | | | | | | | | | | | | | |
| Director General | | | | | Stat | tate Life Insurance Premium Rs. 25 | | | | | | | | | 250 | ===) /- | | | | |
| Bureau of Emigration & Overseas Employment | | | | | OEC | Emigra | nt P | rom | oti | on F | EE | | | Rs. | 200 | ===)/- | | | | |
| Amount in Words: Seven Thousand Seven Hundred Only | | | | | | | | | | То | tal | | | Rs. | 770 |) /- | | | | |
| Received By | Author | ized By | | | Depositor Signature | | | | | | | | | | | | | | | |
| | | | | | | Muhammad Atif Shehzad | | | | | | | | | | | | | | |
| | | | | | | | Contact Number: 03244257417 | | | | | | | | | | | | | |
| Cashier's Stamp & Signature | Authorized Of | ture | | Signature: | | | | | | | | | | | | | | | | |
| Note: for branch only | – Only cash | le | | _ | Sep | ara | te s | lip fo | or ev | ery i | ndi | vidu | al | | | | | | | |



Note: for branch only

SPECIALIZED DEPOSIT SLIP

On Behalf of Bureau of Emigrant & Overseas Employment Bank Copy

Deposit Slip No.

-297466

- Separate slip for every individual

| EN | IIGRANT TH | ROUGH C | VERSI | EAS EN | ЛPL | OY. | MEI | NT F | PRO | ON | 10 | ΤΟΙ | R (0 | DEP |) | | | | | |
|---|----------------|--------------------------------|---------|-------------|------|------------------------------|------------------------------|-------------------------------------|--------|-----|-----|------|------|------|-------------|-------------|-----|------|----------|--|
| Collection Branch Name | | | | Branch Code | | | | | e | To | 6 | - | 0 | 3 | Ī- | 2 | 0 | 2 | 5 | |
| Emigrant Information | | | | | | | | | _ | | | | _ | | _ | _ | _ | _ | | |
| Emigrant Name: | Freda Kirlin | | | CNIC | 4 | 6 | 5 | | П | | | | | | | | | | | |
| Telephone (mobile) 089-290-9556 | | | | | | | | | | | | | | | | | | | _ | |
| Particular of Payments _ CREDIT TO MADE THROUGH TRANSACTION | | | | | | CO | DE "2 | "ZBOEOP" Amount in Rs. | | | | | | | | | | | | |
| Payment made on behalf of | | | | | | | | OPF Welfare Fund Rs. 500 | | | | | | | | | | |) /- | |
| Director General | | | | | | State Life Insurance Premium | | | | | | | | | Rs. 2500 /- | | | | | |
| Bureau of Emigration & Overseas Employment | | | | | | | OEC Emigrant Promotion FEE | | | | | | | | | Rs. 200/- | | | | |
| Amount in Words: Sev | en Thousand S | even Hundr | ed Only | | | | | Total Rs. 7700 /- | | | | | | | | | | | | |
| Received | | Authorized By | | | | | | Depositor's Signature | | | | | | | | | | | | |
| | | | | | | T | | | Nar | me: | Μι | ıhar | nma | d At | if S | heh | zad | | | |
| | | | | | | | | Contact Number: 03244257417 | | | | | | | | | | | | |
| Cashier's Stamp & Signature Authorized Officer's | | | | | gna | ture | | Signature: | | | | | | | | | | | | |
| Note: for brai | | | | is accep | | | | | | | | | | | | | | | | |
| On Behalf of Bureau of Emigrant & Ov Employment | | | | | | | | Deposit Slip No. | | | | | | | | | | | | |
| EN | IIGRANT TH | ROUGH C | VERSI | EAS EN | ЛPL | .OY | MEI | NT F | PRO | ON | 10 | τοι | R (0 | DEP |) | | | | | |
| Collection Branch Name | | | Branch | Code | | Dat | e | 0 | 6 | - | 0 | 3 | - | 2 | 0 | 2 | 5 | | | |
| Emigrant Information | | | | | | | | | | | | | | | _ | _ | _ | _ | | |
| Emigrant Name: | Freda Kirlin | | | CNIC | 4 | 6 | 5 | | \Box | | | | | | | | | | | |
| Telephone (mobile) 089-290-9556 | | | | | | | | | | | | | | | | | | | | |
| Particular of Payment | ts _ CREDIT TO | MADE THRO | DUGH T | RANSA | CTIO | N C | ODE ' | "ZBC | DEC | P" | | | | | | Am | oun | t in | Rs. | |
| Payment made on behalf of | | | | | | | | OPF Welfare Fund Rs. 5000 /- | | | | | | | | | | | | |
| Director General | | | | | | | State Life Insurance Premium | | | | | | | | | Rs. 2500 /- | | | | |
| Bureau of Emigration & Overseas Employment | | | | | | | OEC | EC Emigrant Promotion FEE Rs. 200/- | | | | | | | | | | | | |
| Amount in Words: Seven Thousand Seven Hundred Only | | | | | | | Total Rs. 7700 /- | | | | | | | | | | | | | |
| Received | | Author | ized By | | | | Depositor's Signature | | | | | | | | | | | | | |
| | | | | | | | | Name: Muhammad Atif Shehzad | | | | | | | | | | | | |
| | | | | | | | Contact Number: 03244257417 | | | | | | | | | | | | | |
| Cashier's Stamp 8 | S Signature | Authorized Officer's Signature | | | | | . | | Sig | nat | ure | : | | | | | | | | |

- Only cash is acceptable