

SPECIALIZED DEPOSIT SLIP

On Behalf of Bureau of Emigrant & Overseas Employment Depositor Copy

Deposit Slip No.

-297466

EMIGRANT T	HROUGH OVERS	EAS EI	MPI	OY.	ΜE	NT PI	ROI	VI (этс	DR	(C)EP)							
Collection Branch Name	Branch	Branch Code					To	Te	3 ·	.	0	3	-	2	0	2	5			
Emigrant Information						_		_			_	_		_						
Emigrant Name: Freda Kirlir	1	CNIC	4	6	5									Π						
Telephone (mobile) 089-290-955	6																			
Particular of Payments _ CREDIT TO MADE THROUGH TRANSACTION COD								"ZBOEOP" Amount in Rs.												
Payment made			OPF Welfare Fund 4000 /										/-							
Director		State Life Insurance Premium									25005 /-									
Bureau of Emigration & Overseas Employment							C Emigrant Promotion FEE									Rs 200/				
Amount in Words: Twenty Nine Tho	usand Two Hundred	Five Onl	у								То	tal			29	20	5/-			
Received By	rized By		Deposi							sitor's Signature										
						Name: Muhammad Atif Shehzad														
						Contact Number: 03244257417														
Cashier's Stamp & Signature	Authorized O	fficer's S		Signature:																
Note: for branch only	le		- Separate slip for every individual																	
														-			_			
NBP Matternal Bank of Parliation of Statistics of Statisti	IT :	SLIP BE&OE Copy																		
SPECIALIZED DEPOSIT On Behalf of Bureau of Emigrant & Ov							erseas D								eposit Slip No.					
Employment																				
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EMIGRANT TI	HROUGH OVERS	EAS EI	MPI	OY.	ME	NT PI	ROI	M	OTC	OR	(C	EP)			_				
Collection Branch Name	Branch	n Code	Date	0	16	3 .	-	0	3	-	2	0	2	5						
Emigrant Information	'																			
Emigrant Name: Freda Kirlir	1	CNIC	4	6	5															
Telephone (mobile) 089-290-955																				
Particular of Payments _ CREDIT TO	MADE THROUGH T	RANSAC	TIOI	V CC	DE '	'ZBOEC	P"							Arr	our	t in	Rs.			
Payment made			OPF \	Velf	are	e Fur	nd					4(000	/-						
Director General						e Life Iı	nsur	an	ce P	rer	niu	m			25	5005	5/-			
Bureau of Emigration & Overseas Employment					OEC	DEC Emigrant Promotion FEE Rs 200/-														
Amount in Words:																				
Received By Authorized By									D	ер	osit	or S	igna	atur	9					
								М	uhar	nn	nad	Atif	She	hza	d					
							Contact Number: 03244257417													
Cashier's Stamp & Signature	Cashier's Stamp & Signature Authorized Officer's Signature							Signature:												
Note: for branch only - Only cash is acceptable							– Se _l	pai	rate	sli	p fo	r ev	ery i	indi	vidu	al				



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 O	VERSI	EAS EN	/IPL	OY	ΜEI	NT F	PRO	ON	101	ГОЕ	R (C	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		Т										
Telephone (mobile)	089-290-9556																		
Particular of Payments _ CREDIT TO MADE THROUGH TRANSACTION						CO	DE "	"ZBOEOP" Amount in Rs.											
Payment made on behalf of								OPF Welfare Fund 4000 /-											
Director General							State Life Insurance Premium 2500									005	/-		
Bureau of Emigration & Overseas Employment							OEC	Emig	ran	it P	rom	otic	n Fl	EE			F	Rs 2	00/
Amount in Words: Two	enty Nine Thous	and Two Hu	ındred F	ive Only	,			Total 2920							205	/-			
Received By			Author	Authorized By								ignature							
							Name: Muhammad												
			Contact Number: 03244257417																
Cashier's Stamp 8	rized Off	ficer's Si		Signature:															
Note: for brai	ly cash		_								or e	every individual							
SPECIALIZED DEPOSIT On Behalf of Bureau of Emigrant & Ov Employment								Deposit Slip No.											
EN	IIGRANT TH	ROUGH O	VERSI	EAS EN	/IPL	OY	ME	NT F	PRO	ΟN	101	ГОЕ	R (C	DEP)				
Collection Branch Name			Branch		Dat	e	0	6	-	0	3	-	2	0	2	5			
L Emigrant Information					_										_	_	_	_	
Emigrant Name:	Freda Kirlin			CNIC	4	6	5		Т										
Telephone (mobile)	089-290-9556															_	_		
Particular of Paymen	ts _ CREDIT TO	MADE THRO	DUGH T	RANSA	TIO	N C	ODE	"ZBC	ΕO	P"						Am	oun	t in	Rs.
Payment made on behalf of								OPF Welfare Fund 4000 /-										-	
Director General							State	State Life Insurance Premium								25005 /-			
Bureau of Emigration & Overseas Employment							OEC	DEC Emigrant Promotion FEE Rs 200/									00/		
Amount in Words: Twenty Nine Thousand Two Hundred Five Only													То	tal			29	205	/-
Received		Author	ized By				Depositor's Signature												
								Name: Muhammad Atif Shehzad Contact Number: 03244257417 Signature:											
Cashier's Stamp & Signature Authorized Officer's Signature					. 11		ગાર્થ	Πď	ure										

Authorized Officer's Signature

– Only cash is acceptable

Cashier's Stamp & Signature

Note: for branch only