

Nabil Bank

Basic Details

Message Code	CUSTOMERPAYMENT
Reference ID	26OET07USD66251
Creation Time	14-01-2026 15:11:58
Last Modified Time	14-01-2026 15:11:58

Message Details

Business Application Header

From	
Financial Institution Identification	
Financial Institution Identification	
BICFI	NARBPNKAXXX
To	
Financial Institution Identification	
Financial Institution Identification	
BICFI	SCBLUS33
Business Message Identifier	26OET07USD66251
Creation Date	2026-01-14T15:07:27.049+05:45

FI To FI Customer Credit Transfer

Group Header	
Message Identification	26OET07USD66251
Creation Date Time	2026-01-14T15:07:27.050+05:45
Number Of Transactions	1
Settlement Information	
Settlement Method	INDA

Credit Transfer Transaction Information

Payment Identification	
Instruction Identification	26OET07USD66251
End To End Identification	26OET07USD66251
UETR	b005e393-9e54-4c05-bb20-fd7f67de5ff0

Interbank Settlement Amount

Value	100
Currency	USD
Interbank Settlement Date	2026-01-14T00:00:00.000+00:00
Charge Bearer	DEBT

Instructing Agent	
Financial Institution Identification	
BICFI	NARBNPKAXXX
Instructed Agent	
Financial Institution Identification	
BICFI	SCBLUS33
Debtor	
Name	RAMLALA MALICK
Postal Address	
Town Name	BIRATNAGAR
Town Location Name	TRIMURTI CHOWK
District Name	MORANG
Country Code	NP
Debtor Account	
Identification	
Other	
Identification	
	00710017524012
Debtor Agent	
Financial Institution Identification	
BICFI	NARBNPKAXXX
Creditor Agent	
Financial Institution Identification	
BICFI	RUPBDDH
Creditor	
Name	DIRECTOR MEDICAL EDUCATION AND HMPD,DGME,MOHAKHALI CORPORATE
Postal Address	
Town Name	DHAKA
Town Location Name	BANGLADESH
Country Code	BD
Creditor Account	
Identification	
Other	
Identification	
	0430020002489
Remittance Information	
Unstructured Information	

- APPLICATION FEE PAYMENT OF ARYAN
MALLIK AS PER PASSPORT NO: PA4765075

Date & Time:
Location:

Manjupraty
C-722

Signature

[Signature]
B-601

- APPLICATION FEE PAYMENT OF ARYAN
MALLIK AS PER PASSPORT NO: PA4765075

APPLICATION FOR PAYMENT ORDER

NABIL BANK

BRANCH Biratnagar
DATE 14.01.2026

Please effect the payment as per following details:

Mode of Payment: ☐ Demand Draft ☐ Wire Transfer ☐ Manager's Cheque

Beneficiary's Name Director Medical Education and HMPD, DGME, Dhaka, Bangladesh

Beneficiary's A/C No. 0430020002489 Ben Bank Rupali Bank PLC

Bank Address Mohakhali Corporate Branch

Routing/Swift RUPBDDH IBAN 0430020002489

Amount In Words One Hundred [USD] Amount In figure 100

Intermediary Bank (if any) Application Fee for DGME

Message (if any) Application Fee for DGME

Applicant's Name Aryan Mallick Ram Lala Mallick

Address Rajdevi chank, Janakpur -10 Cell No. 9763500207

In Payment: Please

☐ Receive Cheque No. 12

☐ Received Cash 12

☐ Debit my/our Account No. 00710017524012

I/We hereby agree that this transfer is made subject to the conditions printed on the reverse here-of

Signature of Applicant [Signature]

FOR BANK USE ONLY

Date: 10/01/2026

Transaction Ref No.	Currency	Amount	Rate	LCY
<u>26081070USD6675</u>	<u>USD</u>	<u>100</u>	<u>100.7</u>	<u>10070.1</u>
Nostro Bank <u>SPR. NY</u>				
CR Rmtf fee <u>0.1.00500</u>				<u>500.1</u>
CR Communication fee <u>COMM</u>				<u>500.1</u>
CR Corresponding Bank Charge <u>CBC</u>	<u>USD</u>	<u>15</u>	<u>100.2</u>	<u>2170.50</u>
Cash/Cheque No. <u>002110012424012</u>				
Total				<u>17690.50</u>

Prepared by [Signature]

Rem. 002-2000

Entered by [Signature]
CUSTOMER COPY

Approved by [Signature]