

# Nabil Bank

## Basic Details

Message Code	CUSTOMERPAYMENT
Reference ID	260ET07USD66251
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	NARBNPKAXXX
To	CUSTOMERPAYMENT
Financial Institution Identification	
Financial Institution Identification	
BICFI	SCBLUS33
Business Message Identifier	260ET07USD66251
Creation Date	2026-01-14T15:07:27.049+05:45
FI To FI Customer Credit Transfer	
Group Header	
Message Identification	260ET07USD66251
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	260ET07USD66251
End To End Identification	260ET07USD66251
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

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

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

Date & Time:

Location:

Maijuporey  
C-727

Signature

J  
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

Bank

Rupali Bank PLC, Bangladesh

Bank Address Mohakhali Corporate Branch

Routing/Swift RUPBBDDH

IBAN

Amount in Words One Hundred [US\$D]

Amount  
In figure

Curr	Amount
USD	100

Mohakhali  
Corporate Branch

Intermediary Bank (if any)

Message (if any) Application Fee for DGME

Applicant's Name Aryan Mallick

Ram Lala Mallick

Address Rajdeui chouk, Jonakpur -10

Cell No. 9763500207

In Payment: Please

12

~~400/-~~

Receive Cheque No. \_\_\_\_\_

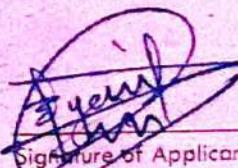
Received Cash \_\_\_\_\_

Debit my/our Account No. \_\_\_\_\_

00710017524012

~~400/-~~

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



Date: 10/01/2026

## FOR BANK USE ONLY

Transaction Ref No.		Currency	Amount	Rate	LCY
AV	Nostro Bank	USD	100	100.00	100.00
CR	Rmt fee 0.1.04500				500
CR	Communication fee 10mm				500
CR	Corresponding Bank Charge CBC	USD	15	100.2'	2170.50
DR	Cash/Cheque No. 00210017524012	Total			17690.50

Prepared by

Ref. 002-2000

Entered by  
CUSTOMER COPY

Approved by