रकमान्तर आवेदन फाराम (FUND TRANSFER APPLICATION)

मिति (Date):	D	D	M	M	Υ	Υ	Υ	Υ

कृपया तल उल्लेखित					3	ला ।				·		· <u>L</u>		I					
Please execute the	e payme	ent as pe		ing deta न्तर गर्	_	म (F	und	Trar	nsfer	Amo	oun	t)							
अंकमा				अक्षरमा		· \-						-,							
In figure	In Words																		
			प्र	ापकको	विवर	ण (E	Bene	ficia	ry D	etails	3)								
नाम																			
Name							ı					1							
खाता नं.																			
Account No.																			
बैंक र शाखा																			
Banks & Branch																			
					उद्दे	श्य (Pur	ose)										
ग्राहक रकम	न्तर Cus	stomer 7	Transfer					फि Fees											
सेवा शुल्क S	Service F	Payment	t					अन्य Others:											
नाम Name खाता नं																			
Account No.																			
	ठेगाना	Addres	s:																
सम्पर्क विवरण Contact Details	ईमेल Email ID:									1			ı				1		
	मोबाइल नं. Mobile No.:																		
Terms and Con The applicant shall DDMPCL will levy a shall be borne by the Self-Declaratio The fund for this treathereof and as per l/we hereby author charges for the san	be responding policable be benefing the benefing the benefing the benefing the benefit benefit be benefit be prevention by the prevention benefit bene	nsible for e fees and iciary. from legi ailing law	charges t timate so	o the app	licant	for pro	ocessir declare	ng of fu	und tra	ansfer. m. If fo	How und	ever th	ne charg	es if ar 'e shal	ny of t	the rece	iving ba		
											निवे	दकको	दस्तख	त Sigr	natur	e of A	oplican		
					FOR (OFFIC	CE US	SE ON	NLY										
Amount							Cr	odit B	ank										

Amount			Credit Bank						
Charges			Transaction No.						
Total			Date						
	Inorins		CorporatePay						
Signature Verified by	Entered By	Approved By	Entered By	Checked By	Approved By				