**Customer Copy** 

## Bank Copy

## punjab national bank\_

Date :

## INDO NEPAL REMITTANCE

Account No.																							
*Name									1														
*Address																							
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P.S. If remittance is for any bank other than EBL, Rs.100/- additional charge will be levied

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AMOUNT TO BE REMITTED													
Amount								-					
Commissior	ı							I					
Total amou	nt												

Amount (in words): Rs. ------

## Signature :

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100 \* 50 \* 20 \* 10 \* 5 \* Coins \* Total

Remitter's ID verified from original

UIN No

Authorised Officer