

**Application for outward customer transfer (CUST) through NCHL-IPS**

**Date: -**

**To Kamana Sewa Bikas Bank Ltd.**

Please execute the following transactions (Fund Transfer) through NCHL-IPS on my/our behalf by debiting my/our account maintained at your bank including applicable charges/fees.

**A.** Total Amount in Figure:

**B.** Total Amount in Words:

**C.** Currency: NPR.....

**D.** Sender Details:

i. Sender Account Number:

Mob No:

ii. Sender Account Name:

Driver Lic.No/Citz-

**E.** Beneficiary's Details:

S.N	Beneficiary's Bank Details (Bank and Branch Name Both Require)	Beneficiary's Account No.	Beneficiary's Account Name	Amount in Figure
1				

For more transaction, please use/provide separate sheet with sign and seal (if required)

**F.** Purpose:

**G.** Source of fund:

I/we understand that the Bank accepts no responsibility for any loss or delay which may occur in the transfer, transmission and/or for its misinterpretation when received and I/we agree to indemnify the Bank against any actions, proceedings, claims and/or demands that may arise in connection with such loss, delay, error, omission, mutilation or misinterpretation.

.....  
 Sender's Authorized Signature(s)

Stamp (If Required)

**For Bank's Use Only**

\*We hereby declare that customer has signed in our eyewitness and are responsible for any argument in his/her account debit maintained in our branch and mistake in beneficiary's details.

Signature/Form's Details Verified By:-.....

Approved By:-.....

Name:

Name:

Branch:

Name:

- Customer's Account Debited
- Transactions Authorized in CBS
- Signature Verification
- Transaction Ref. No. (CBS) :.....

Date:-.....

\_\_\_\_\_  
**Signature of the Maker for CBS**

\_\_\_\_\_  
**Signature of the Checker for CBS**

\_\_\_\_\_  
**Signature of the Maker for NCHL-IPS**

\_\_\_\_\_  
**Signature of the Checker for NCHL-IPS**