



कामना सेवा विकास बैंक लि.
Kamana Sewa Bikas Bank Ltd.
 'प्रगतिको आधार, कामना सेवासंग कारोबार'

Request for Funds Transfer
 (कोष रकमान्तरको लागि निवेदन)

KSBBL/.....
 Application for fund transfer
 Branch

Date :

1. Please execute the payment instruction as per the following details:

By way of :

Account Transfer Fax Transfer IPS

2. Please enter currency and amount to be remitted:

| Currency | Amount in figure | Amount in words |
|----------|------------------|-----------------|
| | | |

3. Ordering customers

| | |
|-----------------|--|
| Name | |
| Contact Address | |
| Contact Number | |
| ID: A/C Number | |

4. Beneficiary customer (Specify name and address of the receiver of funds beneficiary)

| | |
|-----------------|--|
| Name | |
| Contact Address | |
| Contact Number | |
| ID: A/C Number | |

5. Account with institution (Specify the name and address of the beneficiary bank):

.....

6. Account number of beneficiary with above bank:

7. Citizenship Number

8. Detail of Charges : (Please specify who will bear the bank charges)

Beneficiary (Receiver) Applicant (Remitter)

9. In Payment:

| | |
|--|--|
| Please Tick In Payment: <input type="checkbox"/> Please debit my/our account No. <input type="checkbox"/> Please receive cash: <input type="checkbox"/> Other (Please Specify) | I/we hereby agree that transfer is made subject to the condition printed overleaf. Signature of Applicant |
|--|--|

FOR BANK'S USE ONLY

Details of Transaction

Remittance Amount
 Commission
 Total

.....
 Prepared By

.....
 Authorized By