

Date:

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Branch

Fund Transfer Type

☐ NCHL-IPS

☐ NCHL-CIPS

☐ RTGS

Section1: Fund Transfer Detail

Currency:

☐ NPR

☐

Others (Specify)

Amount(in Figure):

Amount in Words:

Section2: Purpose of Fund Transfer

☐

Customer Transfer
(CUST)

☐

Remittance
(REMI)

☐

Fee
(FEEO)

☐

Insurance
(INSU)

☐

Installment
(INSM)

☐

Credit Card
(CCRD)

☐

Salary Corporate
(SALC)

☐

Salary
(SALA)

☐

Others:

Transaction Reference<End to End Id>:

(Invoice/Bill No.,Month, Policy No., Employee Id or any other transaction reference id)

Other information (if any to be captured in the transaction):

Section3: Creditor Information (Beneficiary Detail)

Creditor Name:

Creditor Bank Name:

Branch Name:

Creditor Account Number:

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<Use separate sheet in case of transfer to multiple creditors/ beneficiaries>

Section4: Debtor Information (Applicant)

Debtor Name:

Debtor Account
No.:

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Contact Details:

Address:

Tel:

Mobile:

E-mail:

Terms and Conditions:

- The Applicant shall be responsible for any loss, liability, expenses, and damages due to inconsistencies or incompleteness of information provided.
- The Bank will levy fees and charges to the applicant for processing of fund transfer as per the standard tariff of charges published by the bank. The customer authorizes the bank to debit his/her account for this transfer and any applicable fees/charges. However, the charges if any of the receiving bank shall have to be borne by the beneficiary.
- The fund transfer request of the customer shall be governed by the rules, regulation and circulars of Nepal Rastra Bank and other competent authority.

Self-Declaration:

- The fund for this transfer is from legitimate source for the purpose declared in this form. If found otherwise, I/We shall bear the consequences thereof and as per the prevailing law.
- I/We have read and understood the terms and conditions governing fund transfer printed in the form and agree to abide by them.

Applicants (Authorized) Signature(s)/ Official Stamp

ForBank'sUseOnly

Received Date: Applicable Fee/Charge:

Official Stamp

Signature Verified By

Approved By

Name:

Name:

Designation:

Designation:

Customer Account Debited ☐ Yes ☐ No

System Entered By:

System Verified By: