Customer Copy

punjab national bank ______________ :

Date:

INDO NEPAL REMITTANCE

BENEFICIARY 'S DETAILS

Account No.	0 1 4 0 0 1 0 5 2 0 0 7 5 3
*Name	FISHTAIL TOURS & TRAVELS PVT.LTD.
*Address	EVEREST BANK LIMITED, LAZIMPAT, KATHMANDU, NEPAL
*Mode of Payment	Everest Bank Account / Cash Payment / Other Bank / Name of Bank & Branch
*Beneficiary ID Type	PAN (Nepal) *ID No 300109292
Phone/Cell	9 8 0 1 0 0 1 2 7 0 Email info@fishtail.org

REMITTER'S DETAILS

Account No.			
*Name			
*Address			
*Phone/Cell		PAN No	
*Remitter ID Type		*ID No	

Cash Deposit:

Denomination	Rs.	Ps
1000 *		
500 *		
100 *		
50 *		
20 *		
10 *		
5 *		
Coins *		
Total		

Cheque Deposit:

Chq No	Date of Chq	Rs.	Ps
Name of Bank		Branch	

AMOUNT TO BE REMITTED		
Amount	-	
Commission	-	
Total amount	-	

Amount (in words): Rs. ______________________________

....

Cashier *Authorised Officer*

UIN No	

P.S. If remittance is for any bank other than EBL, Rs.100/- additional charge will be levied

at Everest Bank, Kathmandu, Nepal

Bank Copy

punjab national bank ______________

Date:

INDO NEPAL REMITTANCE

(*Fields are Mandatory)

BENEFICIARY 'S DETAILS

Account No.	0 1 4 0 0 1 0 5 2 0 0 7 5 3
*Name	FISHTAIL TOURS & TRAVELS PVT.LTD.
*Address	EVEREST BANK LIMITED, LAZIMPAT, KATHMANDU, NEPAL
*Mode of Payment@	Everest Bank Account / Cash Payment / Other Bank / Name of Bank & Branch
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Phone/Cell	9 8 0 1 0 0 1 2 7 0 Email info@fishtail.org

REMITTER'S DETAILS

Account No.			
*Name			
*Address			
*Phone/Cell		PAN No	
*Remitter ID Type		*ID No	

Cash Deposit:

Denomination	Rs.	Ps
1000 *		
500 *		
100 *		
50 *		
20 *		
10 *		
5 *		
Coins *		
Total		

Cheque Deposit:

Chq No	Date of Chq	Rs.	Ps
Name of Bank		Branch	

Amount .	-	
Commission	-	
Total amount	-	

Amount (in words): Rs. ______________________________

Remitter's Signature	

....

Remitter's ID verified from original

UIN No	

Authorised Official