नेपाल फाइनान्स लिमिटेड
Nepal Finance Limited

S.N.:

APPLICATION FORM

..... Branch

☐ IPS ☐ RTGS ☐ Connect IPS

Date: D D - M M - Y Y Y Y

The Manager
Nepal Finance Limited

Please execute the fund transfer as per the following details

Currency : ☐ NPR ☐ Other (Please Specify) .....

Amount in figure :

Amount in words : _____

Purpose of Fund transfer : ☐ Customer transfer ☐ Salary Payment ☐ Other :
☐ Credit Card ☐ Supplier Party Payment ☐ NOC _____ (Dealer Code)

APPLICANT DETAILS

Account Name:

Account Number:

Branch Name:

Contact Number :

BENEFICIARY DETAILS

Institution Name:

Branch Name :

Account Name (please use capital letters):

Account Number :

Terms and Conditions:

1. The Applicant shall be responsible for any loss, liability, expenses, and damages due to inconsistencies or incompleteness of information provided.
2. The Institution shall levy fees and charges to the applicant for processing of fund transfer as per the standard tariff of charges published by the Institution. The customer authorizes the Institution to debit his/her account for this transfer and any applicable fees/charges. However, the charges if any of the receiving Institution shall have to be borne by the beneficiary.
3. 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:

1. 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.
2. I/We have read and understood the terms and conditions governing fund transfer printed in the form and agree to abide by them.

.....
Applicants Signature (s)/ Official Stamp (if applicable)

OFFICIAL USE ONLY

Processed at Branch	
Checked & Signature Verified By	Reviewed By
Name: Designation: Staff Code: Sign:	Name: Designation: Staff Code: Sign:
Date:	Applicable Charge:

Office Stamp	Processed at H/O (If applicalbe)
	Entered By: Approved By:
	Available Balance:

CUSTOMER RECEIPT

S.N.:

Applicant Name:

Beneficiary Name :

Beneficiary Institution Name :

Beneficiary Institution A/c No.:

Amount in figure :

Amount in words:

Official Stamp, Date & Signature

(Terms and Conditions apply)