

## SPECIALIZED DEPOSIT SLIP

On behalf of Bureau of Emigraton & Overseas

EMIGRANT THROUGH OVERSEAS EMPLOYMENT PROMOTER FOR

Bank	Copy	

**Employment** 

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Denosit Slin No	

SHORT TER	M EMPLOYE	MENT /	INS	URANG	CE EX	EMP	T								
Collecting Branch Name	Branch Code				Date			_			_				
Emigrant Information	<u> </u>				<u>.</u>										
Emigrant Name:		CNIC				1-	-							_	
Telephone (Mobile)		<b>I</b>		elephone	(Resid	ence	)		l						
Particulars of Payments _ CREDIT TO BE N	MADE THROUGH	H TRANSA	CTIO	N CODE	"ZBOES	R"						Α	mou	nt in	Rs
Payments made on be	half of			С	PF We	lfare	Fund	d							
Director General	I	I		State L	ife Insu	rance	e Pre	emiu	ım						
Bureau of Emigration & Overse	as Employmer	nt [		OEC En	nigratio	n Pro	moti	on F	EE						
Amount in words:					_				Tot	al					
Received By	A	uthorized	Ву				D	еро	sitor	's Si	gnat	ure			
Cashier's Stamp & Signature	Authorize	d Officer's	Sig	nature		Na Conta Signat	act N	Numl	ber :	:					
Note: for branch use only	- Only	cash is a	ccep	otable	П	- S	eper	ate	slip	for	ever	y ind	divid	dual	
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Collecting Branch Name	Branch Code	)			Date		-	_	-	-	_		-		
Emigrant Information	•				•				•	-					
Emigrant Name:		CNIC				1-	-							_	
Telephone (Mobile)		!	<b>1</b> T	elephone	Resid	lence	<u></u>		<u> </u>	<u> </u>					
Particulars of Payments _ CREDIT TO BE	MADE THROUG	SH TRANSA	ACTI	ON CODE	E "ZBOE	SR"						Α	mou	nt in	Rs
Payments made on b	ehalf of			(	OPF We	elfare	Fun	ıd							
Director Gener	al			State	Life Insi	urand	e Pr	emi	um						
Bureau of Emigration & Overs	eas Employme	ent		OEC E	migratio	n Pro	omot	ion	FEE						
Amount in words:	_								Tot	al_					
Cashier's Stamp & Signature	Authorize	d Officer's	Sigi	nature		Na Conta Signat	act N	Numl	ber :	!					
			J			-									

Note: for branch use only

- Only cash is acceptable

- Seperate slip for every individual



Note: for branch use only

## SPECIALIZED DEPOSIT SLIP

On behalf of Bureau of Emigraton & Overseas Employment

olf of Bureau of Emigraton & Overseas Deposit Slip No.

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Collecting Branch Name	Branch Code	;				Da	ate	$\prod$		_				-			
Emigrant Information											<del></del>						
Emigrant Name:		CNIC	T					$\exists$						T	T	T-	
Telephone (Mobile)			_	Tele	phone	e (Re	side	nce)					<u></u>				
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Payments made on be	half of		$\prod$			OPF	Wel	fare	Fun	d							
Director Genera	ıl	•	$\Box$		State	Life I	Insur	ance	e Pr	emi	um						
Bureau of Emigration & Overse	as Employme	∍nt		С	DEC E	migra	ation	Pro	mot	ion	FEE	_	$\bot$				
Amount in words:											Tota	al_					
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Cashier's Stamp & Signature	Authorized	d Officer's	; Si	ignat	ture		Się	gnatı	ure :								-
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Note: for branch use only		cash is ac				— Г SI									E Co	py	
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