

SPECIALIZED DEPOSIT SLIP

On behalf of Bureau of Emigraton & Overseas
 Employment

Bank Copy

Deposit Slip No. _____

EMIGRANT THROUGH OVERSEAS EMPLOYMENT PROMOTER FOR SHORT TERM EMPLOYEMENT / INSURANCE EXEMPT

Collecting Branch Name	Branch Code	Date																	
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Emigrant Information																			
Emigrant Name:	CNIC																		
Telephone (Mobile)										Telephone (Residence)									

Particulars of Payments _ CREDIT TO BE MADE THROUGH TRANSACTION CODE "ZBOESR"															Amount in Rs
Payments made on behalf of Director General Bureau of Emigration & Overseas Employment										OPF Welfare Fund					
										State Life Insurance Premium					
										OEC Emigration Promotion FEE					

Amount in words:		Total	
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Received By	Authorized By	Depositor's Signature
Cashier's Stamp & Signature	Authorized Officer's Signature	Name : _____ Contact Number : _____ Signature : _____

Note: for branch use only *- Only cash is acceptable* *- Seperate slip for every individual*

SPECIALIZED DEPOSIT SLIP

On behalf of Bureau of Emigraton & Overseas
 Employment

Depositor Copy

Deposit Slip No. _____

EMIGRANT THROUGH OVERSEAS EMPLOYMENT PROMOTER FOR SHORT TERM EMPLOYEMENT / INSURANCE EXEMPT

Collecting Branch Name	Branch Code	Date																	
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Emigrant Information																			
Emigrant Name:	CNIC																		
Telephone (Mobile)										Telephone (Residence)									

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Payments made on behalf of Director General Bureau of Emigration & Overseas Employment										OPF Welfare Fund					
										State Life Insurance Premium					
										OEC Emigration Promotion FEE					

Amount in words:		Total	
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Cashier's Stamp & Signature	Authorized Officer's Signature	Name : _____ Contact Number : _____ Signature : _____
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Note: for branch use only *- Only cash is acceptable* *- Seperate slip for every individual*

SPECIALIZED DEPOSIT SLIP

OPF Copy

On behalf of Bureau of Emigraton & Overseas

Deposit Slip No. _____

Employment

EMIGRANT THROUGH OVERSEAS EMPLOYMENT PROMOTER FOR SHORT TERM EMPLOYEMENT / INSURANCE EXEMPT

Collecting Branch Name	Branch Code	Date																	
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Emigrant Information

Emigrant Name:	CNIC																		
Telephone (Mobile)										Telephone (Residence)									

Particulars of Payments _ CREDIT TO BE MADE THROUGH TRANSACTION CODE "ZBOESR"

Amount in Rs

Payments made on behalf of Director General Bureau of Emigration & Overseas Employment	OPF Welfare Fund	
	State Life Insurance Premium	
	OEC Emigration Promotion FEE	

Amount in words:

Total

Cashier's Stamp & Signature	Authorized Officer's Signature	Name : _____
		Contact Number : _____
		Signature : _____

Note: for branch use only

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- Seperate slip for every individual

SPECIALIZED DEPOSIT SLIP

BE&OE Copy

On behalf of Bureau of Emigraton & Overseas

Deposit Slip No. _____

Employment

EMIGRANT THROUGH OVERSEAS EMPLOYMENT PROMOTER FOR SHORT TERM EMPLOYEMENT / INSURANCE EXEMPT

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Amount in Rs

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