Allied Bank مين المالا اكاؤنث	
Branch Name Customer #	
Branch Code Date Franch Code Date Domain Mark 1997 Processing the Code Date Date Date Date Date Date Date Dat	
REQUEST FOR FUNDS TRANSFER & ABC / CDR / TC ISSUANCE	
Please issue:	
Allied Banker's Cheque	
Amount in Figures Amount in Words	
BENEFICIARY'S DETAILS (NOT APPLICABLE IN CASE OF TCs)	
Name (In Block Letters)  CNIC/Passport/Other ID # Address  NTN # (wherever applicable)  Telephone/ Mobile # Bank  Branch Branch Code	
Account #	
APPLICANT'S INFORMATION	
Name (In Block Letters)  CNIC/Passport/Other ID # *  NTN # (wherever applicable)  Telephone/ Mobile #  Purpose of Transaction	
CDD/ KYC INFORMATION (IN CASE APPLICANT IS A WALK-IN CUSTOMER)	_
Occupation/Profession  Employer's Name & Address (If Employed)  Tel # (Office)  Mobile #	
MODE OF PAYMENT	
CASH  CHEQUE #  ACCOUNT (Not allowed for Individual Customers)  Please debit our undermentioned account with the transaction amount & Bank's charges.	
Account #	
I declare that information provided in this form is correct and verifiable with all risks and consequences at my part. Further, I confirm that I have read and understood the Terms & Conditions mentioned overleaf and received the instruments (s)/ Receipt.  Applicant's Signature/ Thumb Impressions **	
FOR BANK USE ONLY	
(A) Amount Instrument No. / Transaction Ref.  (B) Commision DETAIL OF TRAVELER'S CHEQUES  (C) Other Charges Serial No.	
(D) Tax Denomination No of Leaves Value From To  Total A+B+C+D Exchange Rate (For FCY)	
Equivalent PKR Total	
Authorized Signature & IBS # Authorized Signature & IBS #	

 $<sup>\</sup>hbox{$^*$ Attested photocopy of Identity Document is Mandatory in case of $Walk-in Customer.}$ 

<sup>\*\*</sup> Stamp/Seal is Mandatory in case of Business Entity