FUNDS TRANSFER REQUEST THROUGH RAAST

		Date:	
Payment For: Profit Payment	Encashment	Savings Account withdrawal	
cheduled Payments:	Unscheduled Payments:		

Scheduled Payments:	Unscheduled Payments:				
a) Profit Payments Reg # (for more than one registration, use back of this form) b) Encashment/Withdrawal	a) One time fund transfer from Savings Account b) Encashment c) All of above				
c) All of above Details of NSC					
Name of NSC:	NSC Code:				
Account Type:					
Account Title:					
Withdrawal Slip No. (if required):					
IBAN No.:					
Details of Bank					
Bank Name:					
Branch:	Branch Code:				
Account/Investment Type					
Account Title					
IBAN No.:					
Amount in Figures:					
Amount In words:					
Customer 1 CNIC:	Customer 2 CNIC:				
Signature:	Signature:				
Authorize Signature &Stamp:					

Sr.No.		Scheme	Registration Number		
Signature:_	Customer 1		Customer 2 Signature:		
_					
All above mentioned registrations have duly been linked with Savings Account No					
Deal	ing Officer		Officer Incharge		
		V			

