

**Remittance Form**

RECEIVER  
SENDER

Code No.:

Receiver Name:

पाउने व्यक्तिको नाम:

Address:

ठेगाना:

Type of ID:

परिचय पत्र:

Contact No.:

सम्पर्क नं.:

Sender's Name:

पठाउने व्यक्तिको नाम:

Address:

ठेगाना:

Phone No:

टेलिफोन नं.:

Country:

देशको नाम:

(Expected Amount):

अनुमानित रकम:

I hereby declare that the above information is true and correct. I would indemnify RFL in the event of third party claim arising out of loss from the above transaction.  
मिति उल्लेख गरिएको विवरण सही छ । अन्यथा भएमा म अरु व्यक्तिले दाबी गरेमा मैले बुझिलिएको रकमलाई तिर्ने बुझाउने छु । साथै भ्रष्टी तहसिलमा कानून बमोजिम सडुला बुझाउँछु ।

Sender/Receiver's By  
पठाउने/पाउनेको दस्तखत

Branch Office:.....  
Phone No: .....

FOR OFFICIAL USE ONLY		Denomination	Amount
Name: <input type="text"/>		1000 ×	
		500 ×	
		250 ×	
Identification: <input type="text"/>		100 ×	
		50 ×	
Tel: <input type="text"/>		25 ×	
		20 ×	
ID Type: <input type="text"/>		10 ×	
		5 ×	
<b>I Pay ID</b>		2 ×	
<input type="text"/>		1 ×	
Amount in Words Rs.....		Coins:	
.....		Total Rs.:	
.....			
Prepared by		Approved by	