



Manjushree Finance Ltd

NCHL-IPS Fund Transfer Form

Branch

Date:

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Section 1: Fund Transfer Detail

Currency: NPR USD GBP EUR

Amount (in Figure):

Amount in Word: _____

Section 2: Purpose of Fund Transfer

Customer Transfer (CUST) Remittance (REMI) Fee (FEEO) Insurance (INSU) Installment (INSM)

Credit Card (CCRD) Salary Corporate (SALC) Salary (SALA) Others: _____

Transaction Reference <End to End Id>: _____ (Invoice/Bill No., Month, Policy No., Employee Id or any other transaction reference id)

Other information (if any to be captured in the transaction): _____

Section 3: Creditor Information (Beneficiary Details)

Creditor Name:

Creditor Bank Name:

Branch:

Creditor Account Number:

OR

Creditor Code:

<Creditor Code is an IPS code provided by the beneficiary that will suffice instead of creditor bank account detail>

<Use separate sheet in case of transfer to multiple creditors/ beneficiaries>

Section 4: Debtor Information (Applicant)

Debtor Name:

Debtor Account No.:

Contact Details:

Address: _____

Tel: _____ Mobile: _____ E-mail: _____

Terms and Conditions:

1. The Applicant shall be responsible for any loss, liability, expenses, and damages due to inconsistencies or incompleteness of information provided.
2. The Bank will levy fees and charges to the applicant for processing of fund transfer as per the standard tariff of charges published by the bank. The customer authorizes the bank to debit his/her account for this transfer and any applicable fees/charges. However the charges if any of the receiving bank shall have to be borne by the beneficiary.
3. The fund transfer request of the customer shall be governed by the rules, regulation and circulars of Nepal Rastra Bank and other competent authority.

Self-Declaration:

1. The fund for this transfer is from legitimate source for the purpose declared in this form. If found otherwise, I/We shall bear the consequences thereof and as per the prevailing law
2. I/We have read and understood the terms and conditions governing fund transfer printed in the form and agree to abide by them.

Applicants (Authorized) Signature (s)/ Official Stamp

For Banks Internal Use:

Received Date: _____

Customer Account Debited: Yes No

System Entered By: _____

System Verified By: _____

Applicable Fee/ Charge: _____