



Manjushree Finance Ltd

NCHL-IPS Fund Transfer Form

Branch _____

Date:

D	D	M	M	Y	Y	Y	Y

Section 1: Fund Transfer Detail

Currency: NPR USD GBP EUR

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: _____

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

Section 3: Creditor Information (Beneficiary Details)

S. No.	Creditor Name (Or Creditor Code*)	Creditor Bank Name	Branch Name	Creditor Account Number	Amount (in Figure)	Txn Reference <End to End ID>
Total						

Amount in Word: _____

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

Section 4: Debtor Information (Applicant)

Debtor Name:	<input style="width: 95%;" type="text"/>
Debtor Account No.:	<input style="width: 95%;" type="text"/>
Contact Details:	Address: _____ Tel: _____ Mobile: _____ E-mail: _____

Terms and Conditions:

4. The Applicant shall be responsible for any loss, liability, expenses, and damages due to inconsistencies or incompleteness of information provided.
5. 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.
6. 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:

3. 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
4. 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: _____