F-267

Al-Arafah Islami Bank Limited

Inter Bank Fund Transfer

Date d d m m y y y y

☐ BEFTN ☐ RTGS ☐ OTHERS

Transaction No

Service Charge & VAT

1 Sender Information:

Name

MSD/AWCD/MSND Account Number

Cheque Number:

Account Holder's Signature

2 If Sender Account is not available with AIBL : (N.B. Information should be agreed with NID/Passport/Driving License and photocopy enclosed)

Name

Father's Name

Mother's Name

Spouse Name

Date of Birth d d m m y y y y

NID Card No.

Passport

Driving License

Present Address

District

Upazila/Thana

Permanent Address

District

Upazila/Thana

Contact Number +88 0 1

Sender's Signature

3 Recipient Information:

Recipient Name

Bank Name

Narration:

Recipient Account No:

Branch:

Amount: Tk.

Branch Routing Number

In words:

BEFTN Officer Signature

Manager's / Operations Manager's Signature

Sender's Signature

Branch Name Seal