

INR Prepaid Card Load/Reload Form

Date: ___/___/___

CD A/c no. : **200782273**
Account Name: Prepaid Card Load/Reload account
Prepaid Card no. : _____
Cardholder's Name: _____
Reload Amount: _____
Reload Fee (A/c No.2700644200011174) _____
Total Amount: _____
Source of Fund: 1) Debit to A/c no. _____
2) Cheque No. _____
3) Cash _____

Depositor's Name: _____
Depositor's Signature: _____
Mobile No: _____

**Note: 1. Maximum load/reload amount per month is Nu.50.000/-
2. Load amount will be available for usage on the next day**

<u>For Bank Use only.</u>	
Received by: _____	Authorize by: _____

INR Prepaid Card Load/Reload Form (Customer Copy)

Depositor's Name: _____
Mobile No: _____
Reload Amount: _____
Source of Fund: **Debit to A/c/ Cheque/Cash** _____
Received by: _____
Date of received: ___/___/___