

Date: ___/___/___

INR PREPAID CARD LOAD/RELOAD FORM

CD Account Number **200782273**

Account Name Prepaid Card Load/Reload account

Cardholder Name _____

Account Number

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Cardholder Citizenship ID

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Prepaid Card Number

						X	X	X	X	X	X				
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Please provide only first 6 and last 4 digit of your card number

Reload Amount: _____

Reload Fee Account No. **2700644200011174**

Total Amount: _____

Source of Fund: Debit to A/c no. _____
 Cheque No. _____
 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
 3. Reload Fee Nu. 150/- per reload

FOR BANK USE ONLY	
Received By: _____	Authorize by: _____

INR prepaid Card Load/Reload Form (Customer Copy)

Depositor's Name: _____

Mobile No: _____

Reload Amount: _____

Source of Fund: Debit to Account/ Cheque/Cash _____

Received by: _____

Date of received: _____