



Branch: _____

Date:

D	D	M	M	Y	Y	Y	Y
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INR PREPAID CARD LOAD/RELOAD FORM

CD Account Number	200782273																		
Account Name	Prepaid Card Load/Reload account																		
Cardholder Name																			
Account Number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
Cardholder Citizenship ID	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
Prepaid Card Number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <i>Please provide only first 6 and last 4 digit of your card number</i>																		
Reload Amount																			
Reload Fee Account No.	2700644200011174																		
Total Amount																			
Source of Fund:	<input type="radio"/> Debit to A/c no. _____ <input type="radio"/> Cheque No. _____ <input type="radio"/> Cash _____																		
Depositer's Name																			
Depositer's Signature																			
Mobile No.																			
Note:	1. Maximum load/reload amount per month is Nu. 50,000.00 2. Load amount will be available for 3. Reload Fee Nu. 150/- per reload																		

FOR BANK USE ONLY

Name		Authorized by	
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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	