



Branch: _____

Date:

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CLAIM FORM

DETAILS OF REMITTER

Name:			
CID/Passport No.:			
Country:			
City:			

CHECKLIST

- Remitter proof of residency (copy of valid visa/utility bill (electricity/telephone)/Letter from embassy)
- Remitter CID (Copy) Passport or other identification documents issued by MoHCA
- Beneficiary CID (Copy) Passport or other identification documents issued by MoHCA

DETAILS OF BENEFICIARY

Name:			
CID/Account No.:			
Relationship with Remitter:			
Date of Deposit:			
Amount (FC):		Amount (BTN):	
2% Incentive:			
Mode of Payment:	<input type="radio"/> Cash <input type="radio"/> Bank Deposit		

Signature

Date:

Bank Seal & Sign

----- **TEAR HERE** -----

RECEIPT

Date of Deposit:			
Amount (FC):		Amount (BTN):	
2% Incentive:			
Mode of Payment:	<input type="radio"/> Cash <input type="radio"/> Bank Deposit		

Bank's Seal & Sign