aplikasi setoran/transfer/kliring/inkaso
deposit/transfer/clearing/collection form

mandiri

kepada to **PT Bank Mandiri (Persero) Tbk** — tanggal date 13 NOV 2020

harap dilakukan transaksi berikut please do this transaction/

transaksi transaction: [ ] setoran deposit [✓] TT [ ] RTGS [ ] SKNBI [ ] Kliring/Inkaso [ ] Bank Draft

harap ditulis dengan huruf cetak please fill in with block letters

VALIDASI validation

[illegible] 22 01 13/11/2020 [illegible]
DEB IDR 1,000,000.00 [illegible]
[illegible] KOLEGIUM PENYAKIT DA IDR 1,000,000.00 [illegible]
1,000000 1,000000
[illegible] DR ROCHMAD N SPD
TANGGAL EFEKTIF 13/11/2020

PENERIMA (wajib diisi) beneficiary: [ ] perorangan individual [✓] perusahaan company [ ] pemerintah government

Status kependudukan resident status: [✓] penduduk resident [ ] bukan penduduk non resident

Nama name: KOLEGIUM PENYAKIT DALAM

Nomor rekening account number: 122-000-4040-126

Bank bank: MANDIRI SKT RSCM

Alamat & telp penerima beneficiary address & phone no: JAKARTA RSCM

Jenis & Nomor Identitas ID type & number: KTP

TUJUAN TRANSAKSI purpose of transaction: [ ] Tabungan / investasi savings / investment [✓] Pembayaran payment [ ] Biaya hidup personal expenses [ ] Bisnis business purpose [ ] Pembelian barang / jasa purchase of goods/services [ ] Donasi / amal donation

BERITA TRANSAKSI transaction remarks: BIAYA PENGOBATAN DR ROCHMAD N SPD

diisi oleh Bank filled out by the Bank

Jumlah transfer amount of transfer	
Komisi commission	
Biaya Pengiriman transfer fee (SWIFT/RTGS/SKNBI)	
Biaya koresponden correspondent charge	
Sub Total	
Kurs rate	
Total	

Pemohon dengan ini menyetujui syarat-syarat dan ketentuan yang tercantum di balik formulir aplikasi ini
Applicant hereby accepts all terms and conditions listed on the reverse side of this transaction form

Pengesahan Bank bank's authorization	Tanda tangan pemohon applicant's signature
Winda Lestari Teller	Nama name

PENGIRIM (wajib diisi) applicant: [✓] nasabah customer [ ] non nasabah walk-in customer / WIC

NPC/ Paspor (WNA) / NPWP (Perusahaan) ID number

Informasi pengirim applicant information: [ ] perorangan individual [ ] perusahaan company [ ] pemerintah government

Status kependudukan resident status: [ ] penduduk resident [ ] bukan penduduk non resident

Nama name: DR ROCHMAD NURSETIO SPPD

Alamat & nomor telepon address & telephone number: 0815 0903 0707

METODE TRANSAKSI (wajib diisi) method of transaction: [✓] tunai cash [ ] debet rekening: debit account [ ] cek/bilyet giro cheque

Bank Tertarik drawee bank	No.cek/BG cheque number	Valuta currency	Nominal amount

Jumlah setoran/transfer/kliring/inkaso deposit/transfer/clearing/collection amount: RP 1.000.000

Terbilang in words: SATU JUTA RUPIAH

SUMBER DANA TRANSAKSI (wajib diisi) source of fund: [ ] Gaji / penghasilan salary / income [✓] Tabungan / hasil investasi savings / investment [ ] Warisan inheritance [ ] Dana pemerintah Government funds [ ] Hibah / hadiah Grants / gifts [ ] Penjualan aset sale of assets [ ] Hasil Usaha business proceed [ ] Sumbangan contribution

BIAYA TRANSAKSI transaction fee: [ ] Tunai cash [ ] Debet rekening: debit account

Biaya bank koresponden correspondent charge: [ ] Pengirim applicant [ ] Penerima beneficiary [ ] Lainnya other

diisi apabila pembawa formulir bukan Pengirim filled out if the bearer of this form is not the applicant

Nama name: LUSIA AJENG

Alamat & nomor telepon address & telephone number:

NIK/ Paspor (WNA) ID number: 340212 640984 0005

FFO 079 Lembar 2 | untuk CSR/CSO/Kepala cabang