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

mandiri

kepada *to* **PT Bank Mandiri (Persero) Tbk** **tanggal** *date* 17-07-2020

harap dilakukan transaksi berikut *please do this transaction:*

transaksi *transaction* [✓] **setoran** *deposit* [ ] **TT** *tt* [ ] **RTGS** *rtgs* [ ] **SKNBI** *sknbi* [ ] **Kliring-inkaso** *clearing-collection* [ ] **Bank Draft** *bank draft*

harap ditulis dengan huruf cetak *please fill in with block letters*

VALIDASI *validation*

14203 1420365 34 08 17/07/2020 10:47:05 AM 1101
CASH IDR 1,000,000.00 DR
122-00-0408012-6 KOLEGIUM PENYAKIT DA IDR 1,000,000.00 CR
1.0000000 1.0000000
BIAYA P2KB/STR HARIDA ANDINISARI
TANGGAL EFEKTIF 17/07/2020

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

Status kependudukan *resident status* [ ] **penduduk** *resident* [ ] **bukan penduduk** *non-resident*

Nama *name* Kolegium Penyakit Dlam

Nomor rekening *account number* 122 - 000 - 4080 - 126

Bank *bank* Mandiri

Alamat & telp penerima *beneficiary address & phone no* RSCM Jakarta

Jenis & Nomor identitas *ID type & number*

TUJUAN TRANSAKSI *purpose of transaction (wajib diisi)* [ ] **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 P2KB/STR Harida Andinisari

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	

PT. BANK MANDIRI (PERSERO) TBK
KCP. SURABAYA GUBENG

Pemohon dengan ini menyetujui syarat-syarat dan ketentuan yang tercantum dibalik formulir aplikasi ini
the applicant hereby accepts all terms and conditions stated on the reverse side of this transaction from

Pengesahan Bank *bank's authorization*	**Tanda tangan pemohon** *applicant's signature*
	Nama *name* AZIZAH

FFO 079 Lembar 2 : untuk CSR/CSO/Kepala Cabang

PENGIRIM (wajib diisi) *applicant* [✓] **nasabah** *customer* [ ] **non nasabah** *walk in customer (WIC)*

NIK/ Paspor (WNA) *ID number* 3516094110920001

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

Status kependudukan *resident status* [✓] **penduduk** *resident* [ ] **bukan penduduk** *non-resident*

Nama *name* AZIZAH F. Rosdiani

Alamat & nomor telepon *address & telephone number* SBY / 082 333 333 057

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* 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** *others*

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

Nama *name*

Alamat & nomor telepon *address & telephone number*

NIK/ Paspor (WNA) *ID number*