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

mandiri

kepada *to* **PT Bank Mandiri (Persero) Tbk** tanggal *date*

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

13381 1338187 103 03 24/08/2021 3:01:45 PM 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 PENILAIAN KOLEGIUM PENYAKIT DALAM
SALDO EFEKTIF 24/08/2021

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 00 0408012 6

Bank *bank*: Mandiri cabang RSCM

Alamat & telp penerima *beneficiary address & phone no*:

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 Penilaian kolegium Penyakit dalam

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 BOGOR JONGGOL
24 AUG 2021
Arif Syaifudin
Teller

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

Pengesahan Bank *bank's authorization* | Tanda tangan pemohon *applicant's signature*

Nama *name*: adi kurniawan

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*: 3174092503130003

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

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

Nama *name*: dr. adi kurniawan SP.PD

Alamat & nomor telepon *address & telephone number*: Jalan kebagusan besar 0812 7110 6969

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*: