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

mandiri

kepada *to* **PT Bank Mandiri (Persero) Tbk** tanggal *date* 9/2/2022

harap dilakukan transaksi berikut *please do this transaction:*

transaksi *transaction*: [X] 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

13722 1372251 37 01 09/02/2022 10:09:27 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
RESERKOM PER 5 TH DR. SOEWONDO,SP.PD
TANGGAL EFEKTIF 09/02/2022

PENERIMA (wajib diisi) *beneficiary*: [ ] perorangan *individual* [ ] perusahaan *company* [ ] pemerintah *government*
Status kependudukan *resident status*: [X] penduduk *resident* [ ] bukan penduduk *non-resident*
Nama *name*: KOLEGIUM PENYAKIT DALAM
Nomor rekening *account number*: 122-000-4080-126
Bank *bank*: BANK MANDIRI
Alamat & telp penerima *beneficiary address & phone no*: JAKARTA
Jenis & Nomor Identitas *ID type & number*:

TUJUAN TRANSAKSI *puspose of transaction* (wajib diisi): [ ] Tabungan / investasi *savings / investment* [X] Pembayaran *payment* [ ] Biaya hidup *personal expenses* [ ] Bisnis *business purpose* [ ] Pembelian barang / jasa *purpose of goods / services* [ ] Donasi / amal *donation*

BERITA TRANSAKSI *transaction remarks*: RESERKOM PER 5 TAHUN dr. SOEWONDO, Sp. PD

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 dibalik formulir aplikasi ini
the applicant hereby accept all terms and conditions stated on the reverse side of this transaction form

Pengesahan Bank *bank's authorization*	Tanda tangan pemohon *applicant's signature*
	a.n. SOEWONDO, DR Dery Nama *name*

FFO 079 Lembar 3 : untuk Nasabah

PENGIRIM (wajib diisi) *applicant*: [ ] nasabah *customer* [X] non nasabah *walk in customer (WIC)*
NIK/Paspor (WNA)/NPWP (Perusahaan) *ID number*: 3402161905420001
Informasi pengirim *applicant information*: [X] perorangan *individual* [ ] perusahaan *company* [ ] pemerintah *government*
Status kependudukan *resident status*: [X] penduduk *resident* [ ] bukan penduduk *non-resident*
Nama *name*: SOEWONDO, DR
Alamat & nomor telepon *address & telephone number*: GRIYA INDAH G-125 RT 002 NGESTIHARJO KASIHAN BANTUL
DIY / 08128335721

METODE TRANSAKSI (wajib diisi) *method of transaction*
[X] 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*
[X] 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*: DENY DWI SETIAWAN
Alamat & nomor telepon *address & telephone number*: PERUM GRIYA INDAH G 7185 BANTUL
NIK/ Paspor (WNA) *ID number*: 3402160902780003