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

mandiri

kepada *to* **PT Bank Mandiri (Persero) Tbk** — **tanggal** *date* 23 Mart 2022

harap dilakukan transaksi berikut *please do this transaction:*

transaksi *transaction*: [✓] setoran *deposit* [ ] TT *tf* [ ] 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*

```
13314 1331294  56 19 23/03/2022 11:45:16 AM 2314
122-00-1386/8-5 HANY SRIKANDI  IDR 1,000,000.00 IDR
122-00-0408012-6 KOLEGIUM PENYAKIT DA IDR 90,000.00 IDR
IDR 2,500.00 IDR 1,000000.1,000000
BY PAGB DR EAWANTO BUDI W SPPD K-A1
TANGGAL EFEKTIF 23/03/2022
```

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

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 P2KGB a.n. dr. Eawanto Budi W. SpD. K-A1

diisi oleh Bank *filled out by the Bank*

Jumlah transfer *amount of transfer*	
Komisi *commission*	13313 1331294 56 19 23/03/2022 11:55:08 AM 2314
Biaya Pengiriman *remittance fee* (SWIFT/RTGS/SKNBI)	PT. BANK MANDIRI (PERSERO) Tbk
Biaya Korespondensi *correspondent charge*	CABANG BOGOR PAJAJARAN
Sub Total	BY PAGB DR EAWANTO BUDI W SPPD K-A1
Kurs *rate*	TANGGAL EFEKTIF 23/03/2022
Total	23 MAR 2022

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 form

Pengesahan Bank *bank's authorization*	Tanda tangan pemohon *applicant's signature*
	ROSALIA SEVIANA Teller Name *name* Hany Srikandi

FFO 079 Lembar 3 : untuk Nasabah

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

NIK/ Paspor (WNA) / NPWP (Perusahaan) *ID number*: 3271064106640002

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

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

Nama *name*: Hany Srikandi

Alamat & nomor telepon *address & telephone number*: 0878740897

METODE TRANSAKSI (wajib diisi) *method of transaction*

[ ] tunai *cash* [✓] debet rekening: *debit account* 1 3 3 9 0 [illegible] 7 8 7 5 [ ] 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 .(xx)

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*: Y. EC

Alamat & nomor telepon *address & telephone number*: tidak bayar transfer dibawah 5 jt.

NIK/ Paspor (WNA) *ID number*: