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

mandiri

kepada *to* **PT Bank Mandiri (Persero) Tbk** — **tanggal** *date* 03-02-2021

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*

18101 2630121 162 04 03/02/2021 2:20:53 PM 1101
CASH CR 1,000,000.00 CR
122-00-24080-12-8 KOLEGIUM PENYAKI DR IDR 1,000,000.00 CR
1,000000 1,000000
TRN DWS 5 IN DR MATHEUS BUDIYAN
TANGGAL EFEKTIF 03/02/2021

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

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

Nama *name*: Kolegium Ilmu Penyakit Dalam

Nomor rekening *account number*: 122-000-24080-12-8

Bank *bank*: Mandiri cab Jakarta Rasuna

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

Jenis & Nomor Identitas *ID type & number*:

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

BERITA TRANSAKSI *transaction remarks*: Lunas PZ KB 5 th Dr. Matheus Budiyano 5121213

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
the applicant hereby accepts all terms and conditions stated on the reverse side of this transaction form

Pengesahan Bank *bank's authorization*	Tanda tangan pemohon *applicant's signature*
Ibu Windy Mulya Sintyari NIP. 199...	
	Nama *name*

03 FEB 2021

PT Bank Mandiri (Persero) Tbk
Kantor Cabang Mataram Cakranegara

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*:

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

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

Nama *name*: PAPDI cabang NTB

Alamat & nomor telepon *address & telephone number*: 083.129.349.175

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*

[ ] Gaji / penghasilan *salary / income* [ ] Tabungan / hasil investasi *savings / investment* [ ] Warisan *inheritance* [ ] Dana pemerintah *Government Funds*
[ ] Hibah / hadiah *Grants / gifts* [ ] Penjualan aset *sale of assets* [x] 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*: Zaim Adin

Alamat & nomor telepon *address & telephone number*: [illegible]

NIK/ Paspor (WNA) *ID number*: 5271013112780122