

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



tanggal date 12 Maret 2020

kepada PT Bank Mandiri (Persero) Tbk

harap dilakukan transaksi berikut please do this transaction:

transaksi transaction setoran deposit TT RTGS SKNBI Kliring-Inkaso clearing-collection Bank Draft bank draft

harap ditulis dengan huruf cetak please fill in with block letters

VALIDASI validation 13821 1382130 47 01 12/03/2020 11:13:11 AM 9212
126-00-3339994-9 KOLEGIUM PENYAKIT DA IDR 1.000.000
1.0000000 1.0000000 NO: CEK
IDI DR CHAWAL

PENGRIM (wajib diisi) applicant nasabah customer non nasabah walk in customer (WIC)

NIK/ Paspor (WNA) / NPWP (Perusahaan) ID number

Informasi Pengirim applicant information perorangan individual perusahaan company pemerintah government

Status kependudukan resident status bukan penduduk non-resident

Nama name RS Muhammadiyah Selogiri

Alamat & nomor telepon address & telephone number Jl. Lama Nambangan Selogiri (0273) 322624

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 Rp 1.000.000

Terbilang in words satu juta rupiah

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

Status kependudukan resident status bukan penduduk non-resident

Nama name Kolegium Penyakit Dalam

Nomor rekening account number 126 003 339994 9

Bank bank Mandiri

Alamat & telp. penerima beneficiary address & phone no

Jenis & Nomor identitas ID type & number

TUJUAN TRANSAKSI purpose of transaction Tabungan / investasi saving / investment Pembayaran payment Biaya hidup personal expenses

Bisnis business purpose Pembelian barang / jasa purchase of goods / services Donasi / amal donation

BERITA TRANSAKSI transaction remarks

SUMBER DANA TRANSAKSI (wajib diisi) source of fund

Gaji / penghasilan salary / income Tabungan / hasil investasi savings / investment Warisan inheritance Dana pemerintah Government Fund

Hibah / hadiah Grants / gifts Penjualan aset sale of assets Hasil usaha business proceed Sumbangan Contribution

diisi oleh Bank filled out by 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 started on the reverse side of this transaction form

Pengesahan Bank bank's authorization BERLIN Teller
Tanda tangan pemohon applicant's signature
Nama name

BIAYA TRANSAKSI transaction fee

Tunai cash Debet rekening: debit account

Biaya bank koresponden correspondent charge

applicant beneficiary Lainnya others

Nunik Intikhani Nambangan rt 1/1 selogiri

(0273) 322624

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