

PAY ORDER APPLICATION FORM

Branch Man	Date									
Eastern Bank PLC.										
Please issu	e Pay Order(s) as per follow	ing details.								
To Be Filled By The Customer			For Bank Use Only							
SI No. Bene	ficiary's Name & Address	Amount	Comm.	VAT	PO L	eaf No.		Ref.No.		
										1
										4
										1
	Total:			In words:						
Pay order am	y/Our A/C No).								
Account Titl	e:		Phone	• No :						
	the Pay Order									
Supporting	document (if applicable):									
The Pay Or	der(s) will be collected by	me/	Authorize	ed Repres	sentative)				
Authorizati	on to collect requested ite	ms by the au	thorized pe	erson (if	applicat	ole):				
I/ We hereb	y authorize Mr./ Ms									
	t					item(s)	whose	sign	ature	is
	ow. In this connection, I/we in									
	r the item/s to the authorized	-	·		•		,			
-										
										_
Signature o	f the Representative				Α	ttested I	By The	Cust	omer	S
Customer's	s Signature	Signature	of Joint Sigi	natory		S.V. (f	ull sign	ature	with	D
		ANK'S INT	ERNAL	USE C	NLY					
•	o. (if applicable)		Possivos	I Cash Tk						
Dr Tk (CASA/P.O Suspense A/C)			Received Cash Tk(P.O Suspense A/C							
•	•		Amount i			,			,	
Cr. Commission			Cashier's Stamp							
Cr. VAT on P.			0401110	· O Otalii	٣					
Maker		Authorizer	Teller (Cash			A	uthor	izer	