



PAY ORDER APPLICATION FORM

Branch Manager _____

Date _____

Eastern Bank Limited _____ Branch

Please issue Pay Order(s) as per following details.

| To Be Filled By The Customer | | | For Bank Use Only | | | |
|------------------------------|------------------------------|--------|-------------------|-----|-------------|---------|
| SI No. | Beneficiary's Name & Address | Amount | Comm. | VAT | PO Leaf No. | Ref.No. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Total:

In words:

Pay order amount including commision & Vat Please Debit My/Our A/C No.

| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Account Title : Phone No :

Purpose of the Pay Order

Supporting document (if applicable):

The Pay Order(s) will be collected by me / Authorized Representative

Authorization to collect requested items by the authorized person (if applicable):

I/ We hereby authorize Mr./ Ms. _____

Mobile _____ to collect the above mentioned requested item(s) whose signature is attested below. In this connection, I/we indemnify the Bank from any risk and responsibilities that may arise due to handing over the item/s to the authorized person.

Signature of the Representative

Attested By The Customer/s

Customer's Signature

Signature of Joint Signatory

S.V. (full signature with ID)

FOR BANK'S INTERNAL USE ONLY

Cheque No. (if applicable) _____

Dr. Tk.....
(CASA/P.O Suspense A/C)

Cr. Payment order issued GL Tk.....

Cr. Commission on P.O GL Tk.....

Cr. VAT on P.O commission GL Tk.....

Received Cash Tk.....
& Credited to A/C.....(P.O Suspense A/C).

Amount in words :

Cashier's Stamp

Maker

Authorizer

Teller Cash

Authorizer