FUNDS TRANSFER REQUEST THROUGH RAAST

Date:_____

Payment For:	Profit Payment		Encashment		Savings Account withdrawal	

Scheduled Payments:		**Unscheduled Payments:**	
a) Profit Payments **Reg #_____ (for more than one registration, use back of this form)**		a) One time fund transfer from Savings Account	
b) Encashment/Withdrawal		b) Encashment	
c) All of above		c) All of above	

Details of NSC

Name of NSC:_____	NSC Code:_____
Account Type:_____	
Account Title:_____	
Withdrawal Slip No. (if required):_____	
IBAN No.:	

Details of Bank

Bank Name:_____	
Branch:_____	Branch Code:_____
Account/Investment Type_____	
Account Title_____	
IBAN No.:	
Amount in Figures:_____	
Amount In words:-_____ _____	

Customer 1	Customer 2
CNIC:_____	CNIC:_____
Signature:_____	Signature:_____

Authorize Signature &Stamp:_____

Sr.No.	Scheme	Registration Number

Customer 1 Customer 2

Signature:_____ Signature:_____

All above mentioned registrations have duly been linked with Savings Account No._____

_____ _____

Dealing Officer Officer Incharge

NATIONAL SAVINGS