कामना सेवा
विकास बैंक लि.
Kamana Sewa Bikas Bank Ltd.
(नेपाल राष्ट्र बैंकबाट 'ख' वर्गको इजाजतपत्रप्राप्त राष्ट्रियस्तरको विकास बैंक)

KSBBL-PFN-085

APPLICATION FORM FOR FUND TRANSFER

शाखा :
Branch : _____

मिति Date D D M M Y Y Y Y

Please execute the payment instructions, as per the following details:

☐ INTERNAL TRANSFER (आन्तरिक ट्रान्सफर)
☐ Real Time Gross Settlement (रियल टाईम ग्रोस सेटलमेन्ट)
☐ Inter Bank Payment System (अन्तर-बैंक पेमेन्ट प्रणाली)

रकमान्तरको उद्देश्य Purpose of Transfer	

१. रकम प्राप्त गर्ने खातावालाको विवरण / Recipient's Account Details

S.N.	Bank Name & Branch	Account No.	Account Name	Amount in Figures
1.				
2.				
Amount in words.			Total Amount	

२. रकम पठाउने खातावालाको विवरण / Sender's Account Details

Sender's Name	
Account Number	
Sender's Address	
Contact Number	

I/We declare that the information provided is true and correct. The Bank shall not be held liable for any loss, delay, error, or misinterpretation in the transfer or transmission of funds, including but not limited to system malfunctions, third-party actions, or issues related to legal compliance. I/We agree to indemnify and hold Kamana Sewa Bikas Bank Limited, its officers, and agents harmless from any claims, losses, or liabilities arising from such risks. The Bank assumes no responsibility for errors beyond its control.
By signing, I/We acknowledge and accept these terms.

मैले/हामीले यसमा उल्लेख गरेको सम्पूर्ण विवरण सही र सत्य छन। यस फारामको आधारमा हुने रकम स्थानान्तरण वा रकम पठाउने क्रममा प्रणालीमा आएको समस्या, तेश्रो पक्षका कृयाकलाप वा कानूनी पालना सम्बन्धी समस्या लगायत कुनै पनि कारणले भएको क्षति, ढिलाई, त्रुटी वा गलत ब्याख्या सम्बन्धमा बैंकले कुनैपनि प्रकारको दायित्व बहन गर्नुपर्ने छैन ।
माथि उल्लेखित शर्त बन्देज पढी वाची स्वीकार गरी सहीछाप सहित स्वीकृति जनाउने:

*Applicable Charge (In case of IPS)	
☐ Applicant	☐ Beneficiary

Sender's Authorized Signature (s)
Stamp (If Required)

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Kamana Sewa Bikas Bank Ltd.

Customer Copy (RTGS/IPS Transfer/Internal Fund Transfer

Amount (in figure)		Beneficiary Bank		
Amount (in words)		Beneficiary's Name		
Sender's Name		Beneficiary Account No.		Signature/Bank Stamp Verified by :

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