

Website: www.wingsfin.com



## TREC # 299, BSEC Reg. # 3.1/DSE-299/2022/609

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## **REQUISITION SLIP**

Requisition Date			S	ale Date					
Client Code				BO ID	1206	5100			
Client Name									
Branch Name			Mo	bile No.					
Ledger Balance			Withdrawl	Amount					
In Word Tk.				_					
Bank Information	1								
Payment Method	CHEQUE	BEFT	'N [	RTG	S				
Bank Name			Branch N	Name					
Bank A/C Name								7	
A/C Number				Routing	g No.				
Information given on the top all are accurate & as per the BO and I would like to have the fund to be credited to my said bank account.									
According to my	consent Mr				will red	ceive my		cceptance e on beha	
POA/ Authorized	d person					-	Atta	asted by c	elient
Requested by Clie	ent/ POA	(	Checked by			7	Signat	ture Verif	Fied by
Submitted	by							Approve	d by
Note (if any):									

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