							Annexure-A To be Submitted in Soft Form		
MONTHLY CLAIMS IN RESPECT OF REIMBURS EMENT OF TT CHARGES ON HOME REMITTANCES									
Name of	ame of Bank						Month_		
Sr. No.	Name of Remitting Bank/ Exchange Company Abroad	Full Name of Remitter	Passport Number of Remitter *	Full Name of Beneficiary	CNIC/Account Number of Beneficiary	Amount in Equivalent Foreign Currency	Amount in Pak Rupees	Date of Remittance	Date of Payment to the Beneficiary
* If Pass port Number of remitter is not available, Customer Unique Identification Number (Iqama, Social Security, etc.) may be provided.									