F-49

SONALI BANK LIMITED

_____ BRANCH

Debit Voucher ☐ ☐ ☐☐ ☐ Dated _____ 20 ____

Clearing A/C. Inter-Branch/other Banks:-1st/2nd/Returns

BANKS / BRANCHES	No. of Cheques	AMOUNT			
TOTAL					

DEBIT:- SONALI BANK LIMITED GENERAL ACCOUNT.....

TK. .....Taka.....

.....Ckd.by Authorised Signature

.....Branch (Sign No.)

DEBIT:- SONALI BANK LIMITED GENERAL ACCOUNT

CREDIT: - Clearing Account Inter Branch/Other Banks

.....Branch Scroll No. (Dr.) (Cr.)

2/3 Authorised Signature