|  |  |  |
| --- | --- | --- |
|   PHILIPPINE DEPOSIT INSURANCE CORPORATIONPAYING BANK RECEIPT  | Date Paid | Clearing Account No. **1782-2220-97** |
| **Paying Bank** **Reference No.**  |
| **IMPORTANT:**  | **This receipt must cover assessment related items only.**  ***ASD ADEF INT/PNY OTH*** |
|  |
| **COLLECTING BANK Land Bank of the Philippines** | BRANCH | Signature over Printed Name of Remitting Entity Representative |
| **REMITTANCE RECEIVED FROM (Name of Bank):** |  |  |
| **Total Amount Remitted in Pesos (In Words)** | Payment Received by: (Teller’s Name) |
| **NATURE OF REMITTANCE** | **Amount (P)** | **TELLER’S VALIDATION** |
| 1. **Assessment Due**  (ASD) | **Amount appearing herein should tally with the RCS** |  |
|  |  |  |
| 2. **Assessment Deficiency**  |  |
|  (ADEF) |  |  |
| 3.  **Interest/Penalty**  |  |  |
|  (INT/PNY) |  |  |
| 4. **Others**: (specify)  |  |  |
|  (OTH) |  |  |
| Note: This serves as Confirmation Receipt if machine validated |
| **FORM OF REMITTANCE** | AMOUNT P |
| **CASH** |  |  |  |  |  |
| **CHECK** | Name of Bank/Branch | Check Number |  |  |
| **FUND TRANSFER** | Name of Bank/Branch | Account Number |  |  |
|  |  |  |  | Original – LBP’s Copy |
| Note: Reproduction of this form shall be the responsibility of the remitting bank. This form is downloadable from the PDIC website. | Duplicate – Remitting Entity (to be submitted to PDIC) |
| Triplicate – Remitting Entity’s Copy |

