

Department of Posts
iMO Remit Payment Form
Post Office

TRP - 1

(To Send Money)

Sender

Name : _____
Middle Name : _____
Last Name : _____
Address : _____
City : _____
State : _____
Pin Code : _____
Phone No. : _____

Receiver

Name : _____
Middle Name : _____
Last Name : _____
Address : _____
City : _____
State : _____
Pin Code : _____
Phone No. : _____
Amount in Rs. : _____
Occupation : Service (Govt./Semi. Govt./Pvt.) Business/Other

Standardized Message: Code No.

--	--

Tick whatever option the receiver will exercise :

- (i) I am aware that the receiver will have to collect the amount from an iMO office and I will inform him accordingly.
- (ii) I desire that the amount be deposited in POSB account no..... of Shri/Smt/Ms.....
- (iii) I agree that in case the receiver makes the claim of iMO payment after 21 days but before one year from the date of booking, the payment will be subject to special procedure.

Customer Signature with Date

For Office Use Only

iMO All India Serial No. : _____
Amount : _____
Service Charge : _____

Total Amount : _____
iMO Voucher No.** : _____
Date & Time of Booking : _____
Approved for Remittance : _____

Counter Clerk

OBLONG STAMP

Ch./Sr./PM/ DPM/ APM/SPM

** This would be generated only after the transaction is put into the computer