



ORIGINAL
To receiving branch
PAY-IN-SLIP

For the payment of contribution to the KERALA
CO-OPERATIVE DEPOSIT GUARATEE FUND
BOARD

.....District Co-operaitve Bank,

.....Branch.

No..... Date.....

S.B.A/C No.

Paid in to the credit of
Secretary-Treasurer,
Kerala Co-operative Deposit
Guarantee Fund Board

Name and address
of the Society :

Remittanec Particulars	Amount (Rs.)
Co-operative Deposit Guarantee Fund contribution for the year/20.....
Others
TOTAL	

(Rs.....only)

Signature of remitter

Cashier Accountant Branch Manager



DUPLICATE
To HO
PAY-IN-SLIP

For the payment of contribution to the KERALA
CO-OPERATIVE DEPOSIT GUARATEE FUND
BOARD

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No..... Date.....

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Guarantee Fund Board

Name and address
of the Society :

Remittanec Particulars	Amount (Rs.)
Co-operative Deposit Guarantee Fund contribution for the year/20.....
Others
TOTAL	

(Rs.....only)

Signature of remitter

Cashier Accountant Branch Manager



TRIPLICATE
To Society
PAY-IN-SLIP

For the payment of contribution to the KERALA
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BOARD

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No..... Date.....

S.B.A/C No.

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Kerala Co-operative Deposit
Guarantee Fund Board

Name and address
of the Society :

Remittanec Particulars	Amount (Rs.)
Co-operative Deposit Guarantee Fund contribution for the year/20.....
Others
TOTAL	

(Rs.....only)

Signature of remitter

Cashier Accountant Branch Manager



QUADRUPPLICATE
To be sent to KCDGF Board
PAY-IN-SLIP

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Remittanec Particulars	Amount (Rs.)
Co-operative Deposit Guarantee Fund contribution for the year/20.....
Others
TOTAL	

(Rs.....only)

Signature of remitter

Cashier Accountant Branch Manager