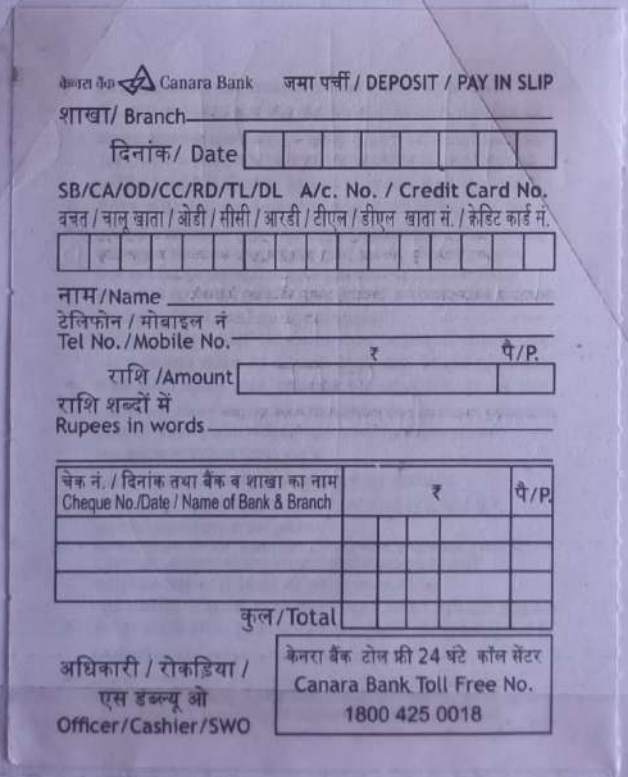
Assignment

Sibin Chandran P.V
III Bcom Cooperation
Roll NO. 29

ATM Card

Authorized teller machine.


केनरा बैंक Canara Bank जमा पर्ची / DEPOSIT / PAY IN SLIP

शाखा/ Branch

दिनांक/ Date

SB/CA/OD/CC/RD/TL/DL A/c. No. / Credit Card No.
बचत / चालू खाता / ओडी / सीसी / आरडी / टीएल / डीएल खाता सं. / क्रेडिट कार्ड सं.

नाम/Name

टेलिफोन / मोबाइल नं
Tel No./Mobile No.

राशि /Amount ₹ पै/P.

राशि शब्दों में
Rupees in words

चेक नं. / दिनांक तथा बैंक व शाखा का नाम Cheque No./Date / Name of Bank & Branch	₹	पै/P.
कुल/Total		

अधिकारी / रोकड़िया / एस डब्ल्यू ओ
Officer/Cashier/SWO

केनरा बैंक टोल फ्री 24 घंटे कॉल सेंटर
Canara Bank Toll Free No.
1800 425 0018

PAY IN SLIP

cheque : is a bill of exchange in which one party orders the bank to transfer the money to the bank ac of another party.

Deposit Slip

जमा पर्ची / DEPOSIT / PAY IN SLIP केनरा बैंक Canara Bank

दिनांक/ Date

₹ 50000/- व अधिक नकद जमा के लिये
* For Cash Deposit of ₹ 50000/- & Above
पैन नं/ PAN NO.

शाखा/ Branch

बचत / चालू खाता / ओडी / सीसी / आरडी / टीएल / डीएल खाता सं. / क्रेडिट कार्ड सं.
SB/CA/OD/CC/RD/TL/DL A/C. No. / Credit Card No.

नाम/Name

टेलिफोन / मोबाइल नं / Tel No./Mobile No.

ई-मेल आईडी/ E-mail ID

राशि शब्दों में /Rupees in words

नकद जमा / CASH DEPOSIT			
नोट /Notes	नं/No.	₹	पै/P.
2000 X			
1000 X			
500 X			
200 X			
100 X			
50 X			
20 X			
10 X			
5 X			
सिक्के /Coins			
कुल/Total			

चेक नं. / दिनांक व बैंक व शाखा का नाम /Cheque No./Date / Name of Bank & Branch	₹	पै/P.
कुल/Total		

राशि /Amount ₹

लेनेदेन आईडी/Transaction ID

एस डब्ल्यू ओ SWO

पारित करनेवाला अधिकारी Passing Officer

जमाकर्ता के हस्ताक्षर Signature of Depositor

NF 132(A)/(25)/04-2019/SESHASAI

1. सभी चेक रेखित होने चाहिये / All Cheques must be crossed.
2. कृपया अपना खाता संख्या और नाम चेक के पीछे अंकित करें / Please mention your A/c No. and Name on back of the Cheque.
3. कृपया नकद जमा, बाहरी चेक और स्थानीय चेक के लिये अलग-अलग पर्ची का प्रयोग करें / Please use separate slips for Cash Deposit Outstation Cheques and Local Cheques

To,

The Branch Manager,
State Bank of India

From

Name: KRIPA M
Address: 12/1B Nadaraja Puram, Kalangal Road, Sulur
Account No. [redacted]
Tel/Mob. [redacted]

Dear Sir,

S.B./R.D/T.D.R.A/C No. [redacted] Date:

I/am/we are maintaining the captioned account/accounts with your Branch.

☐ **CHEQUE BOOK ISSUE** I/We shall be glad if you will kindly arrange to issued me/us the Cheque Book for my/our personal use and debit the cost thereof, if any to may account. I/We undertake to abide my Savings Bank Rules of the Bank.

☐ **CLOSURE OF ACCOUNT** I/We request you to close my/our Account No.....and arrange to pay me/us the balance by cash / Credit to my/our Account No.....
The pass book/ the unused cheque leaves bearing no.....to.....are enclosed
Reason for Closing the account : a) in need of money b) Leaving the place c).....

☐ **TRANSFER OF ACCOUNT** I/We request you to transfer my/our Captioned Account to State Bank of India ..... Branch, as I/We have been permanently shifted at my address as above/below.

☐ **CHEQUE FACILITY ACCOUNT** I/We request you to convert my/our ordinary Saving Bank Account No..... to Cheque Facility Account I/We undertake to maintain a minimum balance of Rs.....in the account A fresh application form duly introduced by a person acceptable to the bank is submitted herewith
For this purpose three copies of my / our recent passport size photographs are enclosed.

☐ **DUPLICATE PASS BOOK** I/We request you to issue me /us a Duplicate pass book in lieu of the one lost/ spoiled. The requisite Bank Charges may be debited to my/our S.B/ A/c No.....
I undertake to advise the Bank if and when the original is traced and avoid its misuse Circumstances in which the pass book is lost.....
.....

☐ **JOINT ACCOUNT** I request you to convert my Savings Bank A/c / Recurring Deposit A/c / Term Deposit Receipt No.....Account to joint by adding the name of Shri/Smt.....
Shri/Smt.....Furnished herewith the address and specimen signature of the proposed joint account holder.
For this purpose 3 copies of recent passport size photograph of Shri/Smt.....
..... is enclosed
The account will be operated by former or survivour /Anyone or survivor / jointly / Either of Survivor / Any other
Specify.....

Address.....
.....
.....Pin.....
Address.....
.....
.....Pin.....

Shri/Smt.....
signs as.....
.....
Shri/Smt.....
signs as.....
.....

☐ **DELETION OF NAME** Please delete the name of Shri/Smt.....
from the said account as Shri/Smt.....has expired on .....The relevant death certificate is enclosed herewith

☐ **CHANGE OF NAME** Please change my name as Mrs.....
The relevant marriage certificate is enclosed herewith

☐ .....

☐ **CHANGE IN NAME / ADDRESS : Please change my / our name / address :**

Old Name / Address
Name : Kripa M
Address : 12/1B Nadaraja Puram, Kalangal Road, Sulur 641402

New Name / Address
Name : KRIPA M
Address : Kaiyappalli uthamanthil House, Near SS Temple, Mahadevagramam, Pallyanur - 670307

Yours Faithfully
Kripa
(Signature of Applicant)

Signature / Photograph Verified

FOR OFFICE USE

Interviewed & Allowed

Date :

C.R.O.

[P.T.O]