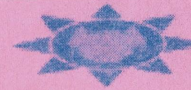


T.No.



Pass Book must be accompany with this order form

Date: **SURYA FARMERS MUTUALLY AIDED THRIFT CREDIT AND MARKETING CO-OPERATIVE SOCIETY LIMITED**

602

Place of Branch:..... Withdrawal ID

Name of Account Holder

Account Number

Please Pay (or) Bearer The Sum of Rupees.....

Rs.

.....Only)

Cashier Signature.

Account Holder Signature.

**PAY-IN-SLIP**Date: **SURYA FARMERS MUTUALLY AIDED THRIFT CREDIT AND MARKETING CO-OPERATIVE SOCIETY LIMITED**

1325

Place of Branch:..... Deposit ID

Account Number

Account Holder Name

Rs.

Ps.

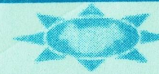
Total

(Inwords:.....

.....Only)

Cashier Signature.

Depositor Signature.

**PAY-IN-SLIP**Date: **SURYA FARMERS MUTUALLY AIDED THRIFT CREDIT AND MARKETING CO-OPERATIVE SOCIETY LIMITED**

1325

Place of Branch:..... Deposit ID

Account Number

Account Holder Name

Rs.

Ps.

Total

(Inwords:.....

.....Only)

Cashier Signature.

Depositor Signature.

Notes	Pieces	Rupees	Ps.
2000 x			
1000 x			
500 x			
200 x			
100 x			
50 x			
20 x			
10 x			
5 x			
Total			