



State Bank of India
Cash Receiving, Branch Copy
ONLY CASH

Branch: _____ Scroll No : _____
Date : _____

Received Rs. _____
(Rupees _____) for credit of CA a/c No. _____

**38262282064 of "IMA AP STATE
DR.N.APPA RAO FAMILY SECURITY
SCHEME"** with 08999 Town Branch, Ongole.

Kindly mention Remitter's Membership number in Particulars Column. If needed, please contact us at 9666111118.

**USE "NO FEES" OPTION & DEPOSIT BY
THIRD PARTY OPTION AND ENTER
MEMBERSHIP ID AND NAME OF
DEPOSITOR**

Name of the Member : _____
Membership No. of the FSS : _____
Full Address & Phone number/s of the Member: _____

Cash Denominations on the reverse side.

Signature of the Depositor	Receiving Cashier	Officer/Manager Signature
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State Bank of India
This copy is to be sent to APPA FSS Office by the member
ONLY CASH

Branch: _____ Scroll No : _____
Date : _____

Received Rs. _____
(Rupees _____) for credit of CA a/c No. _____

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Cash Denominations on the reverse side.

Signature of the Depositor	Receiving Cashier	Officer/Manager Signature
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State Bank of India
Member's Copy
ONLY CASH

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Date : _____

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(Rupees _____) for credit of CA a/c No. _____

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Cash Denominations on the reverse side.

Signature of the Depositor	Receiving Cashier	Officer/Manager Signature
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