

CONTRIBUTION SLIP**PAY-IN SLIP FOR KEREALA NON-RESIDENT KERALITES' WELFARE BOARD (payable at any CSB Branch)**

Name of depositing branch: _____
Depositing branch code no:
Multi-utility ref. no.:
Date:

Paid into the credit of Kerala Non-ResidentKeralites' Welfare Board's **Contribution A/c : 0096-03989245-190002**
(For office use: via CSB Insta Pay Collection Portal)

Member's Name: _____

Registration Number: _____

Membership Category:

1A ₹ 300x No. of months = _____

1B/2A ₹ 100x No. of months = _____

Bank Charges ₹ 5 _____

Total Amount ₹ _____

Amount in words: _____

Remitter's Sign, Name, Address & Mobile number.

For Office use only:

Cashier/SWO

Officer

ForContribution Remittance (Bank's Copy)

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