

Corporation of Chennai – Payment Deposit Slip

Customer Details		
	<input type="checkbox"/> Customer	<input type="checkbox"/> Non - Customer
CRN # (Incase of existing KMBL customer)	<input type="text"/>	<input type="text"/>
Property Tax <input type="checkbox"/> Bill Number <input type="checkbox"/> Assesse Number		
Bill No. Type <input type="checkbox"/> Old <input type="checkbox"/> New		
Name of Assessee		
<input type="checkbox"/> Mobile <input type="checkbox"/> Phone No.		
Email Id		
Address		

Payment Details			
<input type="checkbox"/> Part Payment <input type="checkbox"/> Full Payment <input type="checkbox"/> Advance Payment			
Amount	Rs.		
Amount in words			
Mode of Payment	<input type="checkbox"/> Cash <input type="checkbox"/> DD <input type="checkbox"/> Cheque <small>(Please attach Deposit Slip)</small>		
	<input type="checkbox"/> DD <input type="checkbox"/> Cheque No.	Name of bank / Branch	<input type="checkbox"/> DD <input type="checkbox"/> Cheque Date

1) I / We understand that Payments made through DD / Cheques are subject to realization

Signature of Customer / Depositor

Date : _____

For Bank Use			
Amount		Date and Time	
Refernce ID #		Receipt Number	
Made By		Authorized By	
		Branch Stamp	

Acknowledgement			
Amount Mode of Payment <input type="checkbox"/> DD No. <input type="checkbox"/> Cheque No. Name of Bank	<input type="checkbox"/> Cash <input type="checkbox"/> DD <input type="checkbox"/> Cheque	Date and Time	
		Property Tax <input type="checkbox"/> Bill Number <input type="checkbox"/> Assesse Number	
		Bill No. Type <input type="checkbox"/> Old <input type="checkbox"/> New	
		Branch Stamp	