



**BARODA CASH MANAGEMENT SERVICES
PAYING-IN-SLIP**

CMS CUSTOMER NAME: _____

CMS CUSTOMER CODE:

CMS CUSTOMER A/c No. (Debit):

Clearing / Cash		Additional Details
Name of the Bank		1.
Branch & Place		2.
Cheque No.		3.
Date		4.
Amount Rs.		5.

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Rs. in words _____

Signature of Officer

Customer Ref. No.
(For CMS Branch use only)

Depositor's Signature