

TO BE RETAINED BY THE PARENT
DFCU BANK
CREDIT

AGULE SCHOOL OF NURSING AND
MID WIFERY LIMITED
A/C NO: 01273550356611

DATE:.....
SCHOOL FEES
STUDENT'S NAME:.....

CLASS.....	TERM.....	SHS
NOTES		
50,000.....		
20,000.....		
10,000.....		
5,000.....		
2,000.....		
1,000.....		
500.....		
200.....		
100.....		
BANK CHARGE 2300/=		
TOTAL CASH		

Amount in words.....
.....
.....
Paid in by.....
Teller's stamp & signature

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DFCU BANK
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50,000.....		
20,000.....		
10,000.....		
5,000.....		
2,000.....		
1,000.....		
500.....		
200.....		
100.....		
BANK CHARGE 2,300/=		
TOTAL CASH		

Amount in words.....
.....
.....
Paid in by.....
Teller's stamp & signature