

Bank Copy

CREDIT

AGULE SCHOOL OF NURSING AND
MIDWIFERY

P O BOX 216 Pallisa – District

FINANCE TRUST BANK
KATWE/PALLISA BRANCH
A/C No. 206251000043

Student's Name.....

.....

Student's No.....

Semester.....Year.....

Date.....

School's Bank Copy

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Depositor's Copy

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A/C No. 206251000043

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NOTES	SHS
50,000/=	
20,000/=	
10,000/=	
5,000/=	
2,000/=	
1,000/=	
500/=	
200/=	
100/=	
BANK CHARGES	2,300/=
TOTAL	

NOTES	SHS
50,000/=	
20,000/=	
10,000/=	
5,000/=	
2,000/=	
1,000/=	
500/=	
200/=	
100/=	
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200/=	
100/=	
BANK CHARGES	2,300/=
TOTAL	

Amounts In Words.....

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Paid In By.....

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Signature.....

Amounts In Words.....

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Amounts In Words.....

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