

Bill for claiming of TD Commission



- Name of the B.O:
- B.O SOL ID:
- Name of the GDS(BPM):
- Name of the Month & Year:

Sl. No.	Date	P.R No.	Account No.	Amount of Deposit	Term of Deposit	Rate of Incentive	Incentive Amount
TOTAL							

❖ B.P.M Incentive of Rs.:

Signature of B.P.M

✓ Checked and verify all transection and found correct.

Signature of P.A

✓ Pass for Payment Rs. -

Signature of S.P.M

❖ Received for payment Rs. -

Signature of B.P.M

Date:

Stamp:

