RAMAKRISHNA VENUZIA GRUHA KONUGOLUDARULA SANKSHEMA SANGHAM

Regd. No.553/2026

ANNEXURE–I :
DETAILED PAYMENT & CLAIM STATEMENT

(To be submitted along with Form–A Membership & Claim Enrollment)

Member Name: _____ Membership No.: _____

Flat No(s) : _____

1. ONLINE / BANK TRANSFER / NEFT / RTGS / UPI PAYMENTS						
Sl.No.	**Mode**	**Bank & Branch**	**Date**	**Amount Rs.**	**Transaction Ref No.**	**Paid To**
1						
2						
3						
4						
5						
6						
TOTAL ONLINE/BANK PAYMENTS						

2. CHEQUE / DEMAND DRAFT PAYMENTS						
Sl.	**Cheque/ DD No.**	**Paying Bank & Branch**	**Date**	**Amount Rs.**	**Favoring**	**Collected Bank & Branch**
1						
2						
3						
4						
5						
6						
TOTAL CHEQUE / DD PAYMENTS						

3. CASH PAYMENTS					
Sl.	**Payment Date**	**Actual Cash**	**Receipt Amount**	**Receipt No./ Particulars**	**White Paper Receipt**
1					
2					
3					
4					
TOTAL CASH					

4. PAYMENTS TO THIRD PARTIES AT THE REQUEST OF PROMOTER					
Sl.	**Third Party Name**	**Date**	**Amount**	**Receipt / Particulars**	**Evidence / Bank Proof**
1					
2					
3					
4					
TOTAL AMOUNT PAID					

5. PAYMENT / CLAIM REFERENCE NOTES	
1	
2	

6. CONSOLIDATED PAYMENT & CLAIM SUMMARY				
Payment Mode	**Amount Paid**	**Amount Claimed**	**Amount Admitted**	**Un-admitted/ Denied**
Online/Bank/UPI				
Cheque/Draft				
Cash				
Third Party Payments				

Total				

7. CLAIM ADMISSION SUMMARY (BY RESOLUTION PROFESSIONAL)	
Total Amount Paid :	Remarks :
Total Amount Claimed :	Ramarks :
Total Amount Admitted by RP :	Remarks :
Un-admitted Amount :	Remarks :

8. MEMBER CERTIFICATION

I certify that the payment particulars and supporting documents furnished in this Annexure are true and correct to the best of my knowledge. I understand that the Association may verify the entries and supporting records and that this statement does not by itself constitute admission of any claim.

Member Name: _____ Signature: _____

Place: _____

Date: ____/____/_____

9. FOR ASSOCIATION OFFICE USE ONLY			
Payment Annexure	**Received**	**Incomplete**	**Verified**
Bank/UPI Evidence	**Verified**	**Pending**	**Not Available**
Cheque/DD Evidence	**Verified**	**Pending**	**Not Available**
Cash Evidence	**Verified**	**Pending**	**Not Available**
Third Party Payment Evidence	**Verified**	**Pending**	**Not Available**
Claim Figures Checked	**YES**	**NO**	

Checked / Verified by: _____ Date: ____/____/_____

10. Office Remarks: _____