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						
7						
8						
9						
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						
7						
8						
9						
TOTAL CHEQUE / DD PAYMENTS						

3. CASH PAYMENTS

Sl.	Payment Date	Actual Cash	Receipt Amount	Receipt No./ Particulars	White Paper Receipt
1					
2					
3					
4					
5					
6					
7					
8					
9					
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					
5					
6					
7					
8					
9					
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:	Remarks:
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: ____/____/_____

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

Office Remarks: _____