

**STATEMENT OF ACCOUNT**

INDIAN BANK  
 MARIHAN BRANCH  
 VILL P OMARIHAN  
 DIST MIRZAPUR  
 UTTAR PRADESH  
 231310  
 Branch Code: 4334 Phone No: 284224  
 IFSC: IDIB000M640  
**Account No. : 50463442837**  
**Product : SBCHQ-GEN-PUB-SEMI**

**MANISHA**  
 D/O UMA SHANKAR SINGH  
 NAKHERA ROAD BATHUA  
 URB/RUR-INR  
 RAM CHANDRA COLONY Mirzapur cum Vindhy 231001

**Currency : INR**

Statement From 01/12/2020 to 12/10/2021 Date : 12/10/2021 Time : 14:33:57

E-mail : \_\_\_\_\_ Nominee name : \_\_\_\_\_ Page No. : 1  
 Cleared Balance : 8,00Cr Uncleared Amount : 0.00 Int. Rate : 2.90 % p.a.  
 Limit : 0.00 Drawing Power : 0.00

Post Dt	Val Dt	Details	Chq. No.	Debit	Credit	Balance
		<b>BROUGHT FORWARD</b>				<b>0.00</b>
05/02/21	05/02/21	BATCH CREDIT 78,000.00Cr			78,000.00	
		B KOTHAK OTA				
05/02/21	05/02/21	BATCH CREDIT 1,30,000.00Cr			52,000.00	
		B KOTHAK OTA				
05/02/21	05/02/21	TO CASH BY CHQ 056025 Paid to MANGALA SINGH (GEN) (Gen) (Gen) 0		1,30,000.00		0.00
		B KOTHAK OTA				
29/07/21	29/07/21	BATCH CREDIT 26,000.00Cr			26,000.00	
		B KOTHAK OTA				
29/07/21	29/07/21	BATCH CREDIT 52,000.00Cr			26,000.00	
		B KOTHAK OTA				
29/07/21	29/07/21	TO CASH BY CHQ 056026 Paid to MANGALA SINGH Branch-MARIHAN		52,000.00		0.00
		B KOTHAK OTA				
30/07/21	30/07/21	BATCH CREDIT 26,000.00Cr			26,000.00	
		B KOTHAK OTA				
30/07/21	30/07/21	BATCH CREDIT 52,000.00Cr			26,000.00	
		B KOTHAK OTA				
30/07/21	30/07/21	TO CASH BY CHQ 056027 Paid to MANGLA SINGH Branch-MARIHAN		52,000.00		0.00
		B KOTHAK OTA				
31/07/21	31/07/21	BATCH CREDIT 26,000.00Cr			26,000.00	
		B KOTHAK OTA				
31/07/21	31/07/21	BATCH CREDIT 52,000.00Cr			26,000.00	
		B KOTHAK OTA				
02/08/21	02/08/21	TO CASH BY CHQ 056028 Paid to SELF Branch-MARIHAN		52,000.00		0.00
		B KOTHAK OTA				
30/09/21	30/09/21	CR INT CR 8.00Cr			8.00	



**Samsung Quad Camera**  
**Shot with my Galaxy A12. Count 9**

8.00Cr

Sta	2,86,000.00	2,86,008.00
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In Case Your Account Is Operated By A Letter Of Authority/Power Of Attorney Holder, Please Check The Transaction With Extra Care.  
 \*— END OF STATEMENT —\*