

DEPOSIT SLIP

CHAMBER PENSION PLAN

Account
Number

0	2	2	0	1	0	7	0	3	1	0		
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Teller Stamp
and Initial

Company Number

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Company Name

Contribution Month

Depositor's Signature

The depositor hereby agrees that all items may be handled and collected in accordance with the bank's general practice and as set out in the bank's general regulations.

Date _____

T. TYPE
31

CCY	Amount
USD	For USD Deposits
	Rate \div 1.20
For USD Deposits ONLY	
CI\$	For CI\$ Deposits
Value Date	