

STATE BANK OF INDIA STAFF CO-OPERATIVE SOCIETY LIMITED, No. X-342

*(Regd. No. MSCS/CR 36/87)
Chennai - 600 001.*

APPLICATION FOR MEMBERSHIP

To

The Secretary

STATE BANK OF INDIA STAFF CO-OPERATIVE SOCIETY LTD.,
No.X-342
CHENNAI - 600 001.

G.No.

Date:

D.D.No.

Date. Rs.

Sir,

I apply that I may be admitted as a member of your Society and be allotted shares of Rs.10/- each. I send herewith Rs..... in full payment thereof. I agree to abide by the by - laws of the society which are now or hereafter may come in force.

1. Name (Block Letters) :
2. Father's Name :
3. Designation :
4. Branch : Name Code No.
5. DEPARTMENT / Section :
6. Basic-Pay and D.A. : Basic Pay Rs..... D.A. Rs.....
7. Date of Birth :
8. Date of Appointment in State Bank of India :
9. Date of Retirement :
10. Residential Address :
.....
.....
11. Property (if any), Valuation locality and encumbrance :
12. Whether he was a member previously and if so, how the membership terminated when :
13. Whether the applicant is a member of any other Co-operative Society :

I hereby solemnly declare that all the informations given above are true.

Mobile No. _____

Signature of the Applicant

Email ID :

The Secretary
STATE BANK OF INDIA STAFF CO-OPERATIVE SOCIETY LTD., No. X-342.

I..... agree to the instalment of Share Capital, Loans or loans and other sums that may, at any time, and from time to time, become due and payable by me to the Society being recovered by the Society from my monthly salary through the officer for the time being disbursing such salary. I here with furnish an agreement authorising such officer to effect as and when necessary recoveries from my salary.

Place :

Date :

Signature of the Applicant

N.B.: 1. The Demand Draft should be in favour of the Society, State Bank of India Staff Co-op. Society Ltd., Chennai
Payable at Chennai for Rs.11/- A/c No. : 10885905815
2. Entrance fee of Re.1/- should be remitted along with every share of Rs. 10/-
3. Please fillup the enclosed specimen signature card and return along with application.

Sri / Smt.....

(IN DUPLICATE)

STATE BANK OF INDIA.

To

The Chief Manager / Branch Manager

State Bank of India.

Through the Secretary,
State Bank of India Staff Co-operative Society Ltd. No. X-342, Chennai - 600 001.

Sir,

I.....have applied for admission as a member of State Bank of India Staff Co-operative Society Ltd., and I hereby authorise you to recover from and out of my monthly salary and pay such sum to the said Society in payment of all or any instalments of share capital, loan or loans, thrift deposits and all other sums that may from time to time and at any time become due and payable by me to the said society towards the instalment or instalments of share capital, thrift deposit, loan or loans or other sums that may be due and payable by me to the Society. I agree to accept as sufficient evidence as my liability a demand from an officer of the Society certified by him to be correct. I agree that you make recoveries from my salary in the manner above mentioned so long as I continue to be a member of the Society. I shall not at any time ask for the suspension of the recoveries except with the express consent of the Board of Directors of the Society.

2. If I am transferred to any other Branch, I request and authorise yourself and the Society to Communicate to my new Pay Disbursing Officer a copy of this agreement and request and authorise him to make the recoveries. Thereupon the Disbursing Officer shall effect recoveries according to the demand list sent to him by the Society or yourself.

Signature of Member

CERTIFICATE

The applicant Thiru / Tmt is a Permanent employee of the State Bank of India.....

1. Designation	:	6. Employee No.	:
2. Branch	:	7. P.F. No.	:
3. Date of Birth	:	8. Date of Appointment	:
4. Basic Pay	:	9. Date of Retirement	:
5. Dearness Allowance	:	10. Bank Account No.	:
		11. PAN No.	:

We hereby agree as per his authorisation dated to deduct from his / her salary so long as he / she is in SBI service every month his / her dues to the Society as per the demand from the Society and remit the same to you. If he / she resign / retire or any other cause we agree to deduct the dues from his / her salary / bonus / gratuity or any other sums due to him / her in accordance with the provisions of the Multi State Co-operative Societies Act.

Place :

Pay Disbursement Officer
Signature with Office Seal.

Date :

Forwarded to the Chief Manager / Branch Manager, SBI Branch

Admitted on

For State Bank of India Staff Co-operative Society Ltd.,

General No

Secretary

NOMINATION

Place :

Date :

I hereby nominate Thiu / Tmt..... relationship (.....)
Residing at to succeed in the event of my death
to my share of interest in the Society and receive any amount that may be due to me from the Society.

Signature of Nominee

Signature of Applicant

Witness :

1. Signature :
2. Name (in Block Letters) :
3. Designation :
4. Address :

Remarks of the Clerk

(IN DUPLICATE)

Sri
State Bank of India

To

The Chief Manager / Branch Manager
State Bank of India

Through the Secretary

State Bank of India Staff Co-operative Society Ltd., No. X-342, Chennai - 600 001.

Sir,

Ihave applied for admission as a member of State Bank of India Staff Co-operative Society Ltd., and I hereby authorise you to recover from and out of my monthly salary and pay such sum or sums to the said Society in payment of all or any instalments of share capital, loan or loans, thrift deposits and all other sums that may from time to time and at any time become due and payable by me to the said society towards the instalment or instalments of share capital, thrift deposit, loan or loans or other sums that may be due and payable by me to the society. I agree to accept as sufficient evidence as my liability a demand from an officer of the Society certified by him to be correct. I agree that you make recoveries from my salary in the manner above mentioned so long as I continue to be a member of the Society. I shall not at any time ask for the suspension of the recoveries except with the express consent of the Board of Directors of the Society.

2. If I am transferred to any other Branch, I request and authorise yourself and the Society to communicate to my new Pay Disbursing Officer a copy of this agreement and request and authorise him to make the recoveries. Thereupon the Disbursing Officer shall effect recoveries according to the demand list sent to him by the Society or yourself.

Place :

Date :

Signature of Member

OFFICE NOTE

Application is in order / may be considered

Previous Admission details

G. No..... Date of Admission..... A/c Closure Date

Admitted at the Board Meeting / Circulation vide Resolution No.....

Dated :

General No. :

Asst. **Secretary**

Forwarded to the Chief Manager / Branch Manager, SBI Branch

Admitted on
.....

General No.

For State Bank of India Staff Co-operative Society Ltd.,

Secretary

.....(Kindly detach and deliver the member).
.....

Tmt / Thru

STATE BANK OF INDIA.

Through the Branch Manager, State Bank of India.

Sir / Madam

Sub : Your application for membership dated

You are hereby informed that you have been admitted as member of the Society and your General No. is You are requested to quote the General No. in all Correspondences addressed to the Society.

Yours faithfully

Secretary
State Bank of India Staff Co-operative Society Ltd., No. X-342
State Bank Buildings, Chennai - 600 001.