

APPLICATION FOR LOAN



The Secretary
State Bank of India Staff Association
Thrift & Credit Co-operative Society Ltd
Lawanta Road, Panbazar, Guwahati-781001
Phone: 0361-2515473

Sl. No.....
SANCTIONED IN THE MANAGING COMMITTEE
MEETING HELD ON.....
CHARIRMAN
Dated:

Dear Sir,

I am in urgent need of money for the purpose of.....
and shall be glad if you will kindly grant me a loan of Rs.....
(Rupees.....) only which will be repaid by
monthly instalment of Rs..... each together with interest at the rate of 9.25% per annum
or at the rate to be decided by the SBISA Thrift and Credit Co-op. Society Ltd., Guwahati (Here-in-after
called the 'Society'). The instalment together with interest be deducted by the Society from my salary paid
by the State Bank of India.

I have read the rules and regulations of the society, and I agree to abide by same.

Dated.....day of.....201
Witness (Signature).....

Signature of Applicant

Name in full.....
Office/Branch.....
Date.....
P.F. Id No.
Cell No.

Name [Block letters].....
Office/Branch..... Code No.....
Designation..... Basic Pay Rs.....
Date of birth.....Date of Joining.....
Society's Emp. NoP.F. No.....
A/c No..... Cell No.....
E-mail Id:

LATEST SALARY SLIP MUST BE ENCLOSED WITH APPLICATION

SURETIES

We, the undersigned agree to stand surety for the above loan and bind ourselves to make payment
to the loan together with interest (in such a manner as may be determined by the society) in the event of
Shri..... death, dismissal or otherwise
failure to make repayment of the loan.

Date.....

SIGNED IN PRESENCE OF

Signature

Signature

Name in full.....

Name in full.....

Office/Branch.....

Office/Branch.....

Date.....

Date.....

P.F. Id No.

P.F. Id No.

Cell No.

Cell No.

ATTESTED

(1) For The State Bank of India Staff Association.

Secretary (With Seal)

Branch/ Office

OR

Managing Committee Member

(2) For The State Bank of India Staff Association Thrift and Credit Co-operative Society Ltd.

HONY. SECRETARY

Declaration of Assets and Liabilities

A member applying for loan shall have to furnish a full statement of his/her:-

- a) Property :
- b) Debts :
- c) Annual Income :
- d) Annual expenditure :
(including instalment of principal
and interest on prior loan from
Co-operative Society, if any)
- e) Available surplus for repayment
Of the loan applied for :

I hereby affirm that my total present indebtedness to the Society and other parties as started above is correct.

Date:

Signature of Applicant

FOR OFFICE USE ONLY

Date of Membership Opened on:

Membership period:Years.....Month

Previous Loan Sanctioned on.....For Rs

	₹		P		₹		P	
a) Less cost of Shares.....	a)				Loan Sanctioned			
b) Other dues, if any.....	b)				LESS			
	TOTAL				Total amount Payable			

Vide Cheque No.dt.....

Disbursed Amount Rs

Initial:

SANCTIONED

For Rs

Secretary/Chairman

Honorary Secretary

Date of Disbursement:

From (Full Name):
PF Index:Designation:
Address: Present Address:
.....
Permanent Address:
.....



To,

**The State Bank of India Staff Association
Thrift and Credit Co-operative Society Ltd.**
Jasawanta Road, Panbazar, Guwahati-781001
Fax: 0361-2515473

LOAN

Dear Sir,

In terms of the Multi-state Co-operative Societies Act, 1984 (51 of 1984), I, the undersigned an employee of the State Bank of India hereby authorise you to recover by deduction from the salary payable to me by the State Bank of India a sum of Rs (Rupees) only, each month representing the monthly instalment by which I have undertaken to repay the loan taken y me from the State Bank of India Staff Association Thrift and Credit Co-operative Society Ltd. Guwahati in terms of the Bond executed by me on the

I hereby agree and declare that I shall not be entitled to withdraw or revoke the authority until the whole of my debt to The State Bank of India Staff Association Thrift and Credit Co-operative Society Ltd. Guwahati is liquidated.

Witness _____

Yours faithfully

(Signature in full)

Full Name _____

(in BLOCK LETTERS)

Designation _____

Address SBI _____

(Signature in full)

(Members Only)

P.F. Id No. _____

Cell No. _____

Branch/ Office _____

P.F. Id No. _____

Cell. No. _____

**The Committee of Management of
The State Bank of India Staff Association
Thrift and Credit Co-operative Society Ltd.
Josowanta Road, Panbazar, Guwahati-781001
Fax – 0361-2515473**

GENTLEMAN,

I am a share holder of the above Society and I request you to allot me further
..... share of Rs.....
..... of the Society and I agree to accept the same or any less number
subject to the by-laws of the Society.

Yours faithfully,

Signature of applicant.....

Name in block letters

Designation Branch/ Office

P.F. Id No..... Date

Placed in the Share money adjusted on

Committee Meeting Share Ledger Folio No.

Dated

and sanctioned.

CHAIRMAN

FORM OF DECLARATION

THE STATE BANK OF INDIA STAFF ASSOCIATION THRIFT AND CREDIT CO-OPERATIVE SOCIETY LIMITED

Jasawanta Road, Panbazar, Guwahati – 781001

I hereby authorise the State Bank of India, its successors and assignees to recover monthly instalments from my salary and the outstanding balance of the loan taken by me from the STATE BANK OF INDIA STAFF ASSOCIATION THRIFT AND CREDIT CO-OPERATIVE SOCIETY LIMITED from the Provident Fund and Pension Fund Moneys, Gratuity etc. payable by the Bank to me at the termination of my service with the Bank due to retirement or resignation or dismissal or to my nominee or my legal heir (s) in the event of my death and pay the amount to the State Bank of India Staff Association Thrift and Credit Co-operative Society Limited on being advised by them on the actual amount recoverable.

I hereby declare that any objection raised by me or in the event of my death by my nominee or legal heir (s) to pay out my Provident Fund & Pension Fund moneys, Gratuity etc. the outstanding due to the society for the loan taken by me will not be tenable and that the Bank will be within its right to pay the Provident Fund & Pension Fund moneys, Gratuity etc. to me or to my nominee or my legal heir (s), as the case may be, after deducting therefrom the dues of the society.

I further declare that this authority shall not be revoked by me without the written consent of The State Bank of India Staff Association Thrift and Credit Co-operative Society Limited, Jasawanta Road, Panbazar, Guwahati – 781001.

SIGNED IN THE PRESENCE OF:

Witness	Applicant
Signature in full
Name	Full Sig/ L.T. Impression of Borrower
Designation	Designation
Office of S.B.I.	Office of S.B.I.
Date	Date
P.F. Id No.	P.F. Id No.....
Cell No.	Cell No.