

APPLICATION FOR MEMBERSHIP

To the Honorary Secretary,

**STATE BANK OF INDIA STAFF ASSOCIATION
THRIFT AND CREDIT CO-OPERATIVE SOCIETY LTD.**

JASAWANTA ROAD, PANBAZAR, GUWAHATI - 781 001

Office- 0361-2134017 FAX No. 0361-2515473

Dear Sir,

Dated.....200

I beg to apply for admission as a member of the STATE BANK OF INDIA STAFF ASSOCIATION THRIFT AND CREDIT CO-OPERATIVE SOCIETY LTD., GUWAHATI. I have carefully read the bye-laws and rules of the Society, and hereby agree to abide by them or any modification made from time to time.

I request that you will allot to me(s), (MINIMUM 10 SHARES Rs. 10/-each) and hereby agree to accept the same.

I also beg to nominate, and do hereby nominate my (relation, other than minor).....

Name.....(Age).....

Address to whom the value of the shares I may be permitted to hold and the profit which may accrue thereon, as also any sum or sums payable to me on my account should be paid in the event of my death.

RECOMMENDED by:

(Any two members of the Society)

- | | | |
|----|-----------------------------|--|
| 1. | Signature(in) | Signature(in full) |
| | Name in full..... | Name in full (block letter)..... |
| | Branch/Office..... | Father's Name..... |
| | Emp No..... | Present Address..... |
| 2. | Signature(in) | Present substantive pay Rs..... |
| | Name in full..... | Date of joining..... |
| | Branch/Office..... | Period of confirmed service..... |
| | Emp No..... | Branch/Office..... Email ID |
| | | Designation..... Date of Birth..... |
| | | Salary A/c. No. |
| | | P.F.Index No. Mobile No. |

CERTIFIED that Sri..... holds permanent post in the State Bank of India..... and has been confirmed in the appointment on the..... Date.....201

Branch/ Office.....

AGER

AGM / GM / BRANCH MAN-

CARE : for new members a (D.D.) sum of Rs. 110/- in favour of SBISA Thrift & Credit Co-op Society Ltd., Guwahati, Payble at Guwahati Branch (0078) is required

FOR OFFICE USE

Placed at the Committee Meeting

Held on..... Cheque/Draft No..... of Rs..... Dtd.....

And Granted..... Share of Rs. 10/- each lodged to Bank Received on.....

CONTRIBUTIONS RECEIVED AS UNDER

Membership Admission Fee..... Rs. 10/-

Share A/c.....Shares of Rs. 10/- each Rs. 100/- (Ten Shares)

Chairman Treasurer

Rs. 110/----

Emp. No.....

**STATE BANK OF INDIA STAFF ASSOCIATION THRIFT AND CREDIT CO-OPERATIVE SOCIETY LTD.,
Guwahati.**

From (Full Name).....(Designation).....Date.....

.....Branch Office

To the..... Manager, State Bank Of India.....Branch Code.....

SUB : LETTER OF AUTHORITY

I hereby authorise you to deduct from my salary and pay to the State Bank of India Staff Association Thrift and Credit Co-operative Society Ltd., Guwahati, each month until further notice a sum of Rs 400/- (Rupees: Four hundred only)

Witness : (By any member of the Society).

Full Name.....

Occupation..... Emp No.....

Address.....

Secretary, for the SBISA Branch/Office.....(With seal) OR

Yours Faithfully

Member of the Managing Committee,

For SBISA Thrift and Credit Co-operative Society Ltd.,

Thrift l/f nO.....

Emp No.....

Signature (Full Name) of Applicant

Branch/Office