



State Bank of India Supervising Officials' Co-Operative Credit Society Ltd.

State Bank Building, 1st Floor, Bhadra, Lal Darwaja, Ahmedabad-1

Tel. : 079-25507311

Application for Membership

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To
The Secretary,
SBI Sup. Officials' Co-Op. Credit Soc. Ltd.
Ahmedabad

Sir,

I apply for the membership of your credit society and allotment of 10 shares of Rs. 10/- each. I send a cheque of Rs. 301/- (Rupees Three hundred one only) (Re. 1/- entrance fee + Rs. 100/- shares amount + Rs. 200/- TDS membership). I agree to abide by the bye-laws of the Society which are now or hereafter may come in force.

- 1) Name in Full(Block letters) _____
- 2) Designation _____
- 3) Department/Branch _____
- 4) Gross Salary Rs. _____
- 5) Date of Birth _____ Date of Retirement _____
- 6) Date of Appointment _____ Date of Promotion _____
- 7) PF Index No. _____ Salary A/c. No. _____
- 8) PAN No. _____
- 9) Present Resi. Address _____

Tel. :

Mobile :

- 10) Permanent Native Residential Address _____

_____ PIN _____
- 11) I am a member of _____ Co-op. Credit Society Ltd.
_____ Circle & have taken loan from the said Society. **Yes / No.**
- 12) Reported from other Circle. **Yes / No.** Name of the Circle _____
Date of Reporting at Ahmedabad Circle _____
- 13) I am a member of SBI Officers' Association-Ahmedabad Circle. **Yes / No.**

I solemnly declare that all the information given above is true & correct.

I enclosed herewith self attested last salary slip.

Branch : _____

Br. Code : _____

Date : _____

Signature of Applicant

-: Nomination :-

I nominate Mr. / Mrs / Miss

_____ (relationship) _____

to succeed in the event of my death to receive my shares amount or interest in the society and any amount that may be due from the society.

Branch : _____

Date : _____

Signature of Applicant

Name of Witness : _____

Designation : _____

Branch : _____

Signature : _____

For Membership of Thrift Deposit Scheme

Name in full : _____

Designation : _____ P.F. No. _____

Branch : _____

Permanent Add : _____

Name of Nominee _____ Relationship _____ Age _____

To
The Asst. General Manager
State Bank of India
HRMS - LHO
Ahmedabad

Dear Sir,

(Through the Secretary, State Bank of India, Supervising Officials' Co-op. Credit Society Ltd., Ahmedabad)

I am a member of the State Bank of India Supervising Official's Co-op. Credit Society Ltd., Ahmedabad.

I hereby authorised you to deduct a sum of **Rs. 200/- (Rupees Two hundred only)** from my monthly salary & pay the amount to the said Society in the payment of **Thrift Deposit Scheme**. I agree for deduction of Rs. 200/- from my salary in the above mentioned manner 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 Managing Committee of the Society.

Signature of the Member

Name : _____
Branch : _____
PF Index : _____
Permanent A/c No. :

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(Officers' Credit Society)

To
The Asst. General Manager
State Bank of India
HRMS - LHO, Ahmedabad

Dear Sir,

(Through the Secretary, State Bank of India, Supervising Officials' Co-op. Credit Society Ltd., Ahmedabad)

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Signature of the Member

For, SBI Supervising Officials' Co-op. Credit Society Ltd.

Secretary