

To  
The Honorary Secretary

## APPLICATION FOR MEMBERSHIP

Membership No. M/.....  
Date of Membership .....

# State Bank of India Staff Multipurpose Co-operative Society Ltd.

Registration No.1385 of 1983  
Under the Tripura Co-operative Society Act. 1974  
C/o. State Bank of India  
Agartala Branch, H.G. Basak Road, Agartala-799001

Dear Sir,

I beg to apply for admission as a member of the State Bank of India Staff Multipurpose Co-operative Society Ltd. Agartala. 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 \_\_\_\_\_ shares and I hereby agree to accept the same. I also beg to nominate and do hereby nominate my (relation) \_\_\_\_\_ Name \_\_\_\_\_ (Minor is not permissible)  
Age \_\_\_\_\_ Address \_\_\_\_\_ to whom the value of the share I may be permitted to hold the profit which may accrue thereon as also thereon, as also any sum or sums payable to me on my account should be paid in the event of my death.

Yours faithfully,

Name in full(Block-letter) : MR / MRS \_\_\_\_\_ Signature (in full) \_\_\_\_\_  
Date of Birth : \_\_\_\_\_ Salary Account No. : \_\_\_\_\_ PF No.: \_\_\_\_\_  
Office in which employed : \_\_\_\_\_ Period of confirmed service : \_\_\_\_\_  
Father's name : \_\_\_\_\_ Designation : \_\_\_\_\_  
Home Address : \_\_\_\_\_ Cell No. \_\_\_\_\_  
Present Address : \_\_\_\_\_  
We recommend that Shri/Smt. \_\_\_\_\_ may be admitted as a member of the Society.  
1. Signature (in full): \_\_\_\_\_  
Name in full : \_\_\_\_\_  
Branch / Office : \_\_\_\_\_ Membership No. \_\_\_\_\_  
2. Signature (in full): \_\_\_\_\_  
Name in full : \_\_\_\_\_  
Branch / Office : \_\_\_\_\_ Membership No. \_\_\_\_\_

(Full Signature of two members of the society supporting the membership No.)

Shri/Smt. \_\_\_\_\_ holds a permanent post in the State Bank of India,  
\_\_\_\_\_ Branch and has been confirmed in the appointment on the \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE

BRANCH / OFFICER

Placed at the Committee Meeting Held on \_\_\_\_\_ and Granted.

Cheque/Draft/Cash of Rs. \_\_\_\_\_ Dt. \_\_\_\_\_ of \_\_\_\_\_ Branch

Branch Manager

Rs. \_\_\_\_\_ Credited to R.B. Fund A/C Rs. \_\_\_\_\_ Credited to Share A/C

Rs. \_\_\_\_\_ Credited to Admission Fee A/C

Share Certificate No. \_\_\_\_\_ Membership No. M/ \_\_\_\_\_ Date of Membership \_\_\_\_\_

Chairman

Treasurer

Honorary Secretary

### L/A FOR DECLARATION OF R.B. FUND CONTRIBUTION

From(Full Name) \_\_\_\_\_ Dsignation \_\_\_\_\_ Date \_\_\_\_\_

To

The Branch Manager

State Bank of India

\_\_\_\_\_ Branch

Sir,

State Bank of India Staff Multipurpose Co-operative Society Ltd.

R.B.Fund

I hereby authorise you to deduct from my salary and payto the State Bank of India Staff Multipurpose Co-operative Society Ltd.,Agartala each month unit further notice a sum Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) representing my monthly contribution to the R.B.Fund of the Society.

Witness : (By any member of the Society)

1. Full Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address : \_\_\_\_\_

Yours faithfully,

Attested by :

Signature(in full)

Branch

Secretary of SBISA/SBIOA (With seal)

Honorary Secretary

Member of the Board of Directors,SBISMCS Ltd.Agartala.

Enco:- Last month salary Statement.

From (Full name) .....  
Designation .....  
Address :- C/o. State Bank of India .....Br.

Date : .....

To  
**The State Bank of India**  
Staff Multipurpose Co-Operative Society Ltd.  
C/o. State Bank of India, H.G.Basak Road,  
Paradise Chowmuhani, Agartala.

Membership No.M/.....
Date of Membership .....

Phone-0381-2303809

**M.T. LOAN/SHORT TERM LOAN**

Dear Sirs,

In terms of Section 51 of the Tripura Co-operative society, societies Act.1974, 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 by me from the State bank of India Staff Multipurpose Co-operative Society Ltd. in term 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 Multipurpose Co-operative Society Ltd. equidated.

Witness :-  
Signature .....  
Full Name.....  
Occupation.....  
Address .....  
.....

(Members only)

Yours faithfully,

(Signature in full)

Name .....  
P.F. No.....  
Date of birth .....  
Mobile No.....  
Salary A/C No.....  
Branch .....

**ATTESTED BY ME**

1. For S.B.I. Staff Association / SBI Officer Association

Secretary ..... Branch

2. For State bank of India Staff Multipurpose Co-Operative Society Ltd.

Branch Fax No. \_\_\_\_\_

**SECRETARY**  
SBI Staff Multipurpose  
Co-Operative Society Ltd.

**N.B.: Submit Last Month Salary Slip**

# State Bank of India Staff Multipurpose Co-operative Society Ltd.

C/o. State Bank of India

Agartala Branch, H.G.BasakRoad, Agartala-799001, Tel-0381-2303809

**The Secretary**  
**SBI Staff Multipurpose Co-operative Society Ltd.**  
**Agartala - 799001.**

**Sub : Application for M.T. / S.T. Loan**

Applicant Name : \_\_\_\_\_

SBI, Branch with code \_\_\_\_\_

Salary A/C No. \_\_\_\_\_

Basic Salary Rs. \_\_\_\_\_

Service \_\_\_\_\_ Years \_\_\_\_\_ months.

Dear sir,

I am in urgent need of money for the purpose of \_\_\_\_\_ and shall be glad if you kindly grant me a loan of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) only which will be repaid by EMI of Rs. \_\_\_\_\_ with interest @ \_\_\_\_\_% per annum and the instalment with interest will be deducted by the Society from my Salary Account paid by the **State Bank of India**.

I have read the rules and resolutions taken and I agree to abide by the some. Dated \_\_\_\_\_ day of \_\_\_\_\_ 20

**Witness :-**

Name \_\_\_\_\_

(in block letters)

Designation \_\_\_\_\_

Membership No. \_\_\_\_\_

SBI, Branch \_\_\_\_\_

Date : \_\_\_\_\_ / \_\_\_\_\_ /20

**Full Signature (Applicant)** \_\_\_\_\_

Name : \_\_\_\_\_

Designation \_\_\_\_\_

Membership No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

**Sureties :** We the undersigned agree to stand surety for the above loan and bind ourselves to make payment of the loan together with interest in such a manner as may be determined by the society in the event of death/dismisses or otherwise failure to make payment.

Date : \_\_\_\_\_ / \_\_\_\_\_ /20

Full Signature (Applicant) \_\_\_\_\_

Name : \_\_\_\_\_

SBI, Branch with Code \_\_\_\_\_

Membership No. \_\_\_\_\_

**Signed in the presene of Witness** \_\_\_\_\_

1. Name \_\_\_\_\_

( in block letters)

Membership No. \_\_\_\_\_

SBI, Branch \_\_\_\_\_

2. Name \_\_\_\_\_

( in block letters)

Membership No. \_\_\_\_\_

SBI, Branch \_\_\_\_\_

3. Name \_\_\_\_\_

( in block letters)

Membership No. \_\_\_\_\_

SBI, Branch \_\_\_\_\_

**Certified that**

the applicant's statement is correct.

**Secretary**

SBI Staff Association, SBI Officer's Association

\*Member of the Managing Committee of the Society

SBI, Branch \_\_\_\_\_

\*Delete if not applicable

**Declaration of Assets & Liabilities :**

( A member applying for loan have to furnish these statement )

- a. Property : Rs. \_\_\_\_\_
- b. Debts : Rs. \_\_\_\_\_
- c. Annual income per annum : Rs. \_\_\_\_\_
- d. Annual expenditure including instalment of principal and interest on prior loan from Co-op Society, if any) : Rs. \_\_\_\_\_
- e. Available surplus for repayment of the loan applied for : Rs. \_\_\_\_\_

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

Date : \_\_\_\_/\_\_\_\_/20

\_\_\_\_\_  
**Full Signature of Applicant**

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**For Office use only**

- Loan Sanctioned** : Rs. \_\_\_\_\_
- a. Less cost of shares : Rs. \_\_\_\_\_
- b. Personal Guarantee fund : Rs. \_\_\_\_\_
- c. Other dues if any : Rs. \_\_\_\_\_
- Previous loan outstanding
- d. Total recovery : Rs. \_\_\_\_\_
- Total Amount payable : Rs. \_\_\_\_\_

Loan Disburshed on \_\_\_\_\_

Vide Cheque No. \_\_\_\_\_

for Rs. \_\_\_\_\_

Date : \_\_\_\_/\_\_\_\_/20

\_\_\_\_\_  
**Secretary**

SBI Staff Multipurpose Co-operative Society Ltd.  
Agartala.

FORM OF DECLARATION  
**State Bank of India**  
**Staff Multipurpose Co-operative Society Ltd.**  
**C/o. State Bank of India**  
Agartala Branch, H.G.Basak Road, Agartala-799001

I hereby authorise the State Bank of India, its successors and assignees to recover monthly installments from my salary and the outstanding balance of the loan taken by me from the State Bank of India Staff Multipurpose Co-operative Society Ltd., Agartala, 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 Multipurpose co-operative Society Ltd. Agartala on being advised by them of 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 of my provident fund & Pension Fund money, 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 & Gratuity etc. to me or to my nominee or my legal heir(s), as the case may be, after deducting there from 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 Multipurpose Co-operative Society Ltd. Agartala.

Signature in the Presence of :-

Signature \_\_\_\_\_

Name \_\_\_\_\_

(in block letters)

Designation \_\_\_\_\_

P.F. No. \_\_\_\_\_

SBI, Branch \_\_\_\_\_

Date : \_\_\_\_\_ / \_\_\_\_\_ / 20

Full Sig./L.T. Impression of Borrower with date  
Name \_\_\_\_\_

P.F. No. \_\_\_\_\_

Designation \_\_\_\_\_

Date of Birth \_\_\_\_\_

Branch/Office with Code \_\_\_\_\_

Mobile No. \_\_\_\_\_

**The Secretary**  
**SBI Staff Multipurpose Co-operative Society Ltd., Agartala.**  
**C/o. State Bank of India**  
Agartala Branch

Dear Sir,

We certify that Shri/Smt. \_\_\_\_\_ (Name and designation) is a regular and permanent employee posted at this establishment. His/her date of joining the Bank of \_\_\_\_\_ and his / her present basic pay is Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) only.

There is no disciplinary proceedings pending against him.

The Bank has no objection in effecting deduction of monthly instalments from his/her salary towards a loan granted to him/her by your society and remit the same to you towards liquidation of the outstandings.

Date, the \_\_\_\_\_

Branch Manager/Chief Manager/Asstt. General Manager  
**State Bank of India**

Branch/Office with Code \_\_\_\_\_

Branch Fax No. \_\_\_\_\_