



APPLICATION FOR MEMBERSHIP

To,
The Secretary,

State Bank of India Officers' (Shillong Region)
Co-operative Credit Society Limited
Dhankheti, Shillong -793 001.

Dear Sir,

I apply for admission as a member of the State Bank of India Officers' (Shillong Region) Cooperative Credit Society Ltd. 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.

[A minimum number of 10 shares have to be purchased by each member & the face value of each share is ₹10/- and ₹20/- as required for Admission fee]

I request you to allot me _____ () shares, and I hereby agree to accept the same or any smaller number that you may allot to me.

I do nominate my (relation) _____
Name _____ Address _____

Age _____

To have the value of 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 event of my death.

I do hereby declare that I am a member of SBIOA North Eastern Circle.

WITNESS

Signature

Name in full

Address

Dept/Branch

Whether a member
of S.B.I.O.A. (N.E. Circle)

Yes/No

APPLICANT

Name (in Block letter)

Father's name

Basic Pay

Age

Date of Birth

Present Address

Signature

Branch/Dept.
Confirmed Service

Designation

To be used by Credit Society only

Placed in the meeting of the managing Committee held on and admitted.

Index No.

P.F. INDEX NO.

MOBILE NO.

SPECIMEN SIGNATURE OF APPLICANT

CHAIRMAN



From (Full Name.....)

Designation.....

Address.....

.....

Date.....

To,
The Chief Manager/Branch Manager,
State Bank of India

.....

The State Bank of India Officers' (Shillong Region)
Co-operative Credit Society Ltd.

THRIFT FUND

Sir,

I hereby authorise you to deduct from my salary and pay to the State Bank of India Officers'(Shillong Region) Co-operative Credit Society Ltd, Shillong, each month until further notice, a sum of ₹.....(Rupees.....) only representing my monthly contribution to the Fund of the Credit Society.

Yours faithfully,

.....

Signature

WITNESS:

Signature.....

Full Name.....

Address.....

.....

P.F. INDEX NO.....

ATTESTED

For State Bank of India Officers' (Shillong Region) Co-operative Credit Society Ltd.

Index No.

* Contribution to fund should be made in ₹500/- or multiples of ₹100/- thereof.

Secretary