

**APPLICATION FOR MEMBERSHIP**

FORM NO (A)

To  
The Secretary

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

(REGD. No SHILL/2/1981 DT 29<sup>th</sup> JAN'1981)

**(REGD. OFFICE C/O STATE BANK OF INDIA, SHILLONG BRANCH)**

M.G.ROAD SHILLONG- 793001, MEGHALAYA.

Phone No: **0364- 2224681/ 2228544**

Date: \_\_\_\_\_

Dear Sir,

I beg to apply for admission as a member of the **STATE BANK OF INDIA STAFF CO-OPERATIVE CREDIT SOCIETY LTD, SHILLONG**. I have carefully read the bye-law and rules of the society and here by agree to abide by them or any modification made time to time. I request you to allot me **ONE SHARE**, and I hereby accept the same.

I also beg to nominate my ( relation) \_\_\_\_\_ Name \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Home Address \_\_\_\_\_.

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

MEMBER NAME( Block, Letter) \_\_\_\_\_

PF NO \_\_\_\_\_ Designation \_\_\_\_\_ Date of Birth \_\_\_\_\_

Period of confirm service \_\_\_\_\_ Office in which employed \_\_\_\_\_

Salary A/c No \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

Mobile no \_\_\_\_\_

Yours faithfully

\_\_\_\_\_  
(Member Signature)

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We recommend that Shri/ Smt \_\_\_\_\_ may be admitted as member of the society.

(Full Name & Signature of two members of the above mention society supporting the membership)

(1) Name of Member: \_\_\_\_\_

(2) Name of Member \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Branch \_\_\_\_\_

Branch \_\_\_\_\_

I certified that Shri/ Smt \_\_\_\_\_ holds a permanent Post in the State Bank of India \_\_\_\_\_ Branch and has been confirmed in the appointment on the \_\_\_\_\_.

OFFICE USE:

Cheque/ Draft of Rs. \_\_\_\_\_

Signature of the Unit Secy. / Representative of the Branch/ Deptt.

Signature with seal \_\_\_\_\_

Placed in the meeting held on \_\_\_\_\_ Date \_\_\_\_\_

Share Certificate No \_\_\_\_\_

EMP No \_\_\_\_\_

\_\_\_\_\_  
**Treasurer**

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**LETTER OF AUTHORITY FOR DEDUCTION OF R.B.F. CONTRIBUTION:**

To

**The Asstt. General / Chief / Branch Manager**

State Bank of India

\_\_\_\_\_ Officer/Branch

\_\_\_\_\_.

Dear Sir,

I hereby authorize you to deduct from my salary and pay to the **STATE BANK OF INDIA STAFF CO-OPERATIVE CREDIT SOCIETY LTD, SHILLONG** each month until further notice a sum of Rs. \_\_\_\_\_ ( Rupees \_\_\_\_\_ only representing my monthly contribution towards the Retirement Benefit Fund of the society.

Witness: (Unit Secy/ Member of the society). Applicant Name \_\_\_\_\_

Full Name: \_\_\_\_\_ PF INDEX NO \_\_\_\_\_

Designation \_\_\_\_\_ Branch \_\_\_\_\_

Branch \_\_\_\_\_ Signature \_\_\_\_\_

ATTESTED

**Hony Secy** \_\_\_\_\_

SBI STAFF CO-OP CREDIT SOCIETY LTD.

## **INFORMATION & GUIDELINE**

**1. ENROLLMENT OF NEW MEMBERS:** Please enclose one month contribution i.e. ( minimum **Rs. 300/-** per month to maximum **Rs. 3,000/-** per month as desire by member) plus Share money **Rs. 50/-** & admission fees **Rs. 1/-** by a Bank draft/ MICR, Cheque. Enhancement of monthly contribution member will have to inform society office.

**2. INTEREST RATE:** Interest rate on deposit as well as loan fixed by the society time to time.

**3. WITHDRAWAL OF R.B.F CONTRIBUTION:** 50% of own contribution can be withdrawal once in three years provided that the member is not enjoying any loan with the society. Please contact society office for further clarification. Ph 0364-2224681/ 2228544.

**4. CESSATION OF MEMBERSHIP:** Cessation of membership is allowed with one month notice under following condition. ( a) Deceased a/c (b) Retired from Bank Service, (c) VRS (d) Resign from bank service, (e) Circle transfer.

I \_\_\_\_\_ carefully read the above mentioned information of the bye-laws and agree to abide by the rules of the society. I also agree to abide by the changes of rules adopted by the society time to time in near future.

\_\_\_\_\_  
*Applicant Signature.*