



**STATE BANK OF INDIA
STAFF ASSOCIATION CO-OPERATIVE SOCIETY LTD.
11, ABDUL HAMID STREET , KOLKATA – 700 069**

**APPLICATION FOR CAR / HBL MARGIN LOAN / Rs.2/-
EMERGENCY MEDICAL LOAN**

Fresh /Renewal

To
The Chairman

-- **Attach current pay Slip , and Relevant Documents**
C/A or SB A/C. No.....

Sir,

I would like to apply for a term loan of Rs..... (Rupees
.....only) purpose subject the Bye- Laws and rules of the Co-operative
Society. The necessary undertaking and particulars are given below.

1. Full Name (In block Letters).....
2. Father's / Husband's Name
3. Designation Branch Br. Code
4. Permanent Address
5. Date of appointment Date of Birth.....
6. Period of Service..... Contact No.....
Net amount payable by the Bank after all
deductions.....
- 7 I hereby confirm that the above information given by me is an absolutely correct and nothing
Has been concealed . In terms of Section 58 of M.S.C.S. Act. 1948 . I hereby authorised to
the Society to deduct of my Car/HBL Margin Loan / Emergency Medical Loan instalment .

Yours faithfully ,

(Full signature of the Member/Borrower)

FOR OFFICE USE ONLY

Original Long term loan Rs,

Present Balance of L.T Loan Rs,.....

R.B. Fund Deduction

Checked & found Correct @ Rs.....

May be sanctioned for Rs.....

Head Clerk

Recommended Sanctioned

CHAIRMAN/ SR. VICE CHAIRMAN /V.C./A.O

Date of Sanction

Representative of S.B.I.S.A.....Branch/Unit
Signature in full(Signature of Secretary / Representative)

In presence of
Seal of Unit Secretary/ Representative

Particular of Surety
Surety – I,

Name in Block lettersFather's Name
Signature in fullDesignation Date of Birth.....

L O A N B O N D

State Bank of India Staff Association Co-operative Society Ltd.
11,Abdul Hamid Street Kolkata – 700 069

Under the provision of the MSCS Acts & Rules ,1984 , I authorise State Bank of India (my employer) to deduct from my salary or any other money payable to me including subsistence Allowance such amount on account of instalments due on this loan, as may be furnished to them by S.B.I.S.A.Co-op Society Ltd. From time to time and pay the same direct to S.B.I.S.A.Co-op Society Ltd. In satisfaction of this loan . I also agreed that I shall not withdraw or be entitled to Revoke the said authority until the whole of my debt to the said Bank is fully liquidated and I shall sign all papers and statements that may be required by my employer , in this connection.

I further authorise State Bank India (my employer) in the event of my retirement or death or having been placed under suspension or termination of my service for any cause whatsoever before this loan and the interest due thereon have been fully repaid , to deduct from the moneys due to me or standing to my credit or due to my estate or my Provident Fund or Gratuity or pension to which I may become entitled such amount as will be sufficient to liquidate balance of this loan and interest thereon up to the date of repayment and to pay the same direct to S.B.I.S.A.Co-operative Society Ltd. In satisfaction of this loan .

Witness

Name
Signature in full
P.F. No.....
Phone No./Mobile No..... (Full Signature of borrower) .