## APPLICATION OF CESSATION OF MEMBERSHIP AND REFUND OF ASSETS (Attached Share Certificate )

Date:

| To The Chairman, State Bank of India Staff Association Co-operative Society Ltd., 11, Abdul Hamid St., Kolkata – 700 069.  | Sanction reference<br>(By Office)          |  |  |  |
|--|--|--|--|--|
| Dear Sir,  |  |  |  |  |
| I hereby tender my resignation from membership of the Co-operative Society with immediate effect. I request you to please refund my assets in respect of Share Capital, R.B. Fund and P.G. Fund contributions with the Co-operative Society.   |  |  |  |  |
| I furnish on the reverse details of my membership and loans. I guarantee to repay all indirect liabilities if found subsequently by reason of standing surety for loan and other member(s) and my direct liability for loans due if found later on. I furnish herewith the form for change of guarantorship duly executed. |  |  |  |  |
| I give reason(s) of resignation below:   |  |  |  |  |
| <ul><li>(a) I have retired / am due to retire from service of the Bank on</li><li>(b) I have been promoted and I wan t to become member of the</li></ul>   |  |  |  |  |
| <ul> <li>(c) I have repaid all my loans with the Co-operative Society and I do not intend to continue as a member of the Co-operative Society.</li> <li>(d) I have never borrowed from the Co-operative Society.</li> <li>(e)</li> </ul>   |  |  |  |  |
|  |  |  |  |  |
| Signature of the applicant attested, Certified that he/she retired / is due to retire / resigned on  | Signature in Full /L.T.I. (Member/Nominee) |  |  |  |
|  | Name(Name in Block Letters)                |  |  |  |
|  | Father's Name;                             |  |  |  |
|  | P.F Number                                 |  |  |  |
|  | Bank Account No.                           |  |  |  |
|  | Address:                                   |  |  |  |
|  |  |  |  |  |
|  | Mobile No.                                 |  |  |  |
| (Signature and seal of the Branch Manager)   | Designation                                |  |  |  |
| S.B.I Branch / Office  | Branch / Department                        |  |  |  |

| For office use only  | Be entered in membership Termination Register and put up.   |  |  |  |
|--|---|--|--|--|
| Entered M.T.R. under<br>Serial No  | Chairman  |  |  |  |
| Serial No  | Resignation accepted. Stop collection of R.B.F. Be entered in Asset Sanction Register for refund on priority basis. |  |  |  |
|  | Be recorded for refund in normal course.  |  |  |  |
| Clerk  | Chairman  |  |  |  |
| In case of deceased member, the nominee will submit a separate application on filling up the reverse of this form. Signature of nominee must be duly attested. |   |  |  |  |
| 1. Father's / Husband's Name :   | (In Block Capital)  |  |  |  |
| 2. Permanent residential address:  | Village / House No. and Street  |  |  |  |
| •  | P.O   |  |  |  |
| 3. Present residential address:  | Village/ House No. and Street   |  |  |  |
|  |   |  |  |  |
| 4. Particulars of Nominee as recorded with the Society:  | Name: Sri / Smt   |  |  |  |
| 5. Particular regarding sanction of membership   | Year  |  |  |  |
| 6. Details of posting since date of membership:  | Branch From To  |  |  |  |
|  | i. ii. iii. iv.   |  |  |  |

v.

|  | vi  |   |                                     |   |  |
|--|---|---|-------------------------------------|---|--|
|  |   | Date of<br>Loan   | Total No. of instl paid             | Last payment made<br>Month Branch           |  |
| 7. Details of payments of last loans and R.B.F. Contribution   | ii) S.T. Lo<br>iii) M.T. L  | an<br>oan   |                                     |   |  |
| 8. Details of Share Certificates attached  | iv) R.B.F. Contribution.  1) No. of Share Certificates.  2) Total No. of Shares.  3) Total Value  |   |                                     |   |  |
| 9. Details of Indemnity Bond submitted (when any shares cert. already issued is not produced by member)  | For how many shares?      Serial number of concerned shares   |   |                                     |   |  |
| 10.Documents submitted by nominee or successor (When there is no nominee or the nominee is dead)   | <ul> <li>i) Succession certificate from Court</li> <li>ii) Death Certificate of member</li> <li>iii) Affidavit and Indemnity Bond</li> <li>iv) Letter of disclaim (By Co-shares in favour of one or more successors)</li> <li>v) Attestation of signature(s) of the nominee or of all successor(s)</li> </ul> |   |                                     |   |  |
| NOTE:  |   |   |                                     |   |  |
| <ul> <li>i) Cases of deceased / retired / dismissed /</li> <li>ii) Amount of R.B., Fund P.G. Fund and sh member.</li> <li>iii) Lump repayment before due date will not iv) On acceptance of resignation, no fresh leaders of the latest and the control of the latest and the latest</li></ul> | ares not be<br>ot entitle or<br>oan will be   | adjusted loans enter for refund of a given to the con-  | xcept for retire                    | ed / deceased<br>ity.                       |  |
| from the date of fresh enrolment with the v) As posting of R.B.F. & P.G.F. accounts a take some time.  |   |   | al of the applic                    | cation will                                 |  |
| vi) The application form to be filled in caref result in considerable delay.   | fully. Furni  | shing of incompl  | lete / incorrect                    | information will                            |  |
| Letter of Indemnity Bond In respect of Payment of Assets   |   |   |                                     |   |  |
| In consideration of the State Bank of registered office at 11, Abdul Hamid St. Cal R.B. Fund and P.G. Fund Balances, if any, roof State Bank of India  | .–700 069,<br>ealised fron  | for issuing chequ<br>n me / my Husba                    | ue towards refu<br>and / Father bei | and of assets,<br>ing/was an employee       |  |
| I being retired from the Bank's serv(deceased), re   |   |   |                                     |   |  |
| and/or Successor(s) and assign against all may arise out of such payment being made your having agreed to pay me the said sum l  | claims, den   | do hereby unde<br>nands, proceedin<br>our incurred by y | rtake and agr<br>gs, losses, dar    | ee to indemnify you<br>nages, charges which |  |

| IN WSITNESS WHEREOF, subsc       |                            | day of   |
|----------------------------------|----------------------------|--|
|                                  |                            | Signature  |
| WITNESS:                         |                            |  |
| Signed in presence of:           |                            |  |
| of Shri                          | any outstanding loan balar | Address  Designation  Office where employed  nce with interest be found in future in the name  ofBranch. |
|                                  | Branch / Department        | (Signature of Guarantor)   |
| Guarantor's Signature Verified:  |                            |  |
| (Branch Manager / Head of the De |                            |  |
| Office Seal                      |                            |  |