

To  
The Chairman/Administrative Officer,

Office-2210-7486, 2210-8245, 2248-2621

STATE BANK OF INDIA STAFF ASSOCIATION CO-OPERATIVE SOCIETY LTD.  
11, ABDUL HAMID STREET, KOLKATA-700069

Dear Sir,

Dated.....200

I beg to apply for admission as a member of the STATE BANK OF INDIA STAFF ASSOCIATION CO-OPERATIVE 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.

I request that you will allot to me TEN shares, and I hereby accept the same.

I also beg to nominate, and do hereby nominate my (relation).....  
(Name)..... (Address).....  
..... (\*Age)..... to whom the value of the 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 the event of my death.

\*A minor is not permissible.

Yours faithfully,

Please state your association Roll No.  
.....  
Name in Block Letter.....  
.....  
Branch.....

Signature (in full).....  
Present substantive pay Rs.....  
Period of confirmed service..... Age.....  
Office in which employed.....  
Designation.....  
Father's Name.....  
Home Address.....  
Present Address.....  
Salary A/c. No. ....  
P.F.Index No. ....

**Date of birth** as recorded in the Service Record of the State Bank of India.....

I recommend that Sri..... may be admitted as member of the Society.

.....  
(Full Signature of one member of the Society supporting the membership)  
Dept/Branch/Office.....

CERTIFIED that Sri..... holds a permanent post of the State Bank of India.....L.H.O./Office/Department/Branch and has been confirmed in the appointment on the.....

Date.....200

Secretary/Representative of the Dept. Branch

CERTIFIED that Sri..... joined the State Bank of India Staff Association on the..... and is a regular member of the Association.

Kolkata.....200

General Secretary

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FOR OFFICE USE

Placed at the Committee Meeting  
Held on.....  
and Sanctioned.

Cheque/Draft/Cash of Rs.110/- lodged to Bank received on.....  
Receipt No..... Issued.....  
Rs.100.00 credited to T.M.S. A/c on.....  
Share Certificate No..... Treasurer

Chairman

Serial No of Sanctioned Membership Application.....

L/A for declaration of R.B. Fund contribution

From (FULL NAME)..... (DESIGNATION)..... (DATE).....

To

The Branch Manager, State Bank of India  
.....Branch

Sir,

THE STATE BANK OF INDIA STAFF ASSOCIATION CO-OPERATIVE SOCIETY LTD.  
RETIREMENT BENEFIT FUND

I hereby authorise you to deduct from my salary and pay to the State Bank of India Staff Association Co-operative Society Ltd., each month until further notice, a sum of Rs..... (Rupees.....  
.....) representing my monthly contribution to the Retirement Benefit Fund of the Society.

Yours faithfully,

Witness;- (By any member of the Co-op. Society)

Full Name.....  
Occupation.....  
Address.....

Signature (Full Name), Department  
Branch/ Zonal Office/L.H.O.

Secretary..... Branch

Com. Member..... Dept./Branch

ATTESTED

(1) For the State Bank of India Staff Association.

(2) For the State Bank of India Staff Association Co-operative Society Ltd.

N.B. Amount of Rs.110/-by cash or by Bank Draft favouring 'SBISA  
Co-operative Society Ltd.' to be paid for a new membership.

Chairman/Chief Executive