# THE INDIAN BANK STAFF CO-OPERATIVE SOCIETY LTD., X-341

No.253, Angappa Naicken St, Chennai-600001. Phone: 044-25340757; 25340988 E-Mail ID: ibsociety1965@gmail.com

#### **APPLICATION FOR MEMBERSHIP**

To The Secretary, The INDIAN BANK STAFF CO-OPERATIVE SOCIETY LTD., X-341 CHENNAI – 600001

Photo

Signature

Sir,

9.       Date of appointment in Bank       (DD/MM/YYYY)         10.       Date of Confirmation       (DD/MM/YYYY)         11.       Date of retirement from service       (DD/MM/YYYY)         12.       Salary Details (Enclose copy of latest pay-slip)       (DD/MM/YYYY)         13.       Mobile Phone No.       Salary SB a/c No.         14.       a) Whether the applicant had been our member previously       YES / NO         14.       a) Whether the applicant is a member of any other Co-op.Society       YES / NO         15.*       Whether the applicant is a member of any other Co-op.Society       YES / NO         16.*       Signature of Applicant         Certified that the information furnished by the applicant is correct and the applicantis a confirmed employee of Indian Bank. I agree to recover the amount on demand from the Indian Bank         Staff Co-operative Society on the basis of the authorisation given by the applicant.       For Indian Bank         Place:       Date:       For Indian Bank         Date:       Date:       Branch Manager	1.	Applicant's Name (IN BLOCK LETTERS)		
4.       Name of Spouse         5.       Branch / Office         6.       IBGA Code No.         7.       Designation         8.       Date of Birth         9.       Date of appointment in Bank         10.       Date of Confirmation         11.       Date of confirmation         12.       Salary Details ( <i>Enclose copy of latest pay-slip</i> )         13.       Mobile Phone No.         14.       a) Whether the applicant had been our member previously b) If Yes, when the membership was terminated and date of closing       YES / NO         15.*       Whether the applicant is a member of any other Co-op.Society       YES / NO         15.*       Whether the applicant is a member of any other Co-op.Society       YES / NO         15.*       Whether the applicant is a member of any other Co-op.Society       YES / NO         15.*       Whether the applicant is a member of any other Co-op.Society       YES / NO         1 hereby solemnly declare that all the information given above are correct.       Place:         Date:       Signature of Applicant         Certified that the information furnished by the applicant is correct and the applicant is a confirmed employee of Indian Bank. I agree to recover the amount on demand from the Indian Bank         Staff Co-operative Society on the basis of the authorisation given by the applicant.	2.	S.R. No.		
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Date: Branch Manager		$\bigcap$		For Indian Bank
	Place	: (	)	
	Date <sup>.</sup>			Branch Manager
(Office Seal) (Pay Disbursing Officer)		(Office Se	eal)	(Pay Disbursing Officer)

### Note :

- 1. 3 years Membership period is mandatory
- 2. If a member desires for allotment of additional shares,he/she should remit alongwith the share amount,additional entrance fee @Rs.1/-per share subject to amaximum of Rs.100/-as entrance fee.
- ★ 3. Please note that in terms of bye- laws of our Society, any one who is a member of any other Credit Society as on date cannot be admitted into our Society

Current Residential Address in full	Permanent Residential Address in full

## AGREEMENT WITH THE SOCIETY

То

The Secretary, THE INDIAN BANK STAFF CO-OPERATIVE SOCIETY LTD., X-341, CHENNAI – 600001

Sir,

I, ..... agree to the instalments of loan, and other sums that may, at any time become due and payable by me may be recovered by the Society from my salary every month. I hereby authorise the Pay Disbursing Officer to effect the recoveries as and when demanded by the Society.

Place :

Date :

Signature of the Applicant

## FOR SOCIETY OFFICE USE

Clerk	Accountant /Asst. Secretary	Secretary
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#### AGREEMENT WITH THE PAY DISBURSING OFFICER

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То

The Branch Manager, Indian Bank

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Through the Secretary of the Indian Bank Staff Co-operative Society Ltd., X-341

If I am transferred from this office/Branch to any other officer/Branch of Indian bank or its subsidiaries, I request and authorise yourself and the Society to communicate to my new pay disbursing officer a copy of this agreement and request and authorise him to make the recoveries. Thereupon the pay disbursing officer shall effect recoveries according to the demand made to him by the Society.

I also authorise the Pay Disbursing Officer to recover my dues to the Society from the Provident Fund, Gratuity, Bonus, etc., payable to me.

Place:

Date :

Signature of the Applicant