

The Secretary,
S B H Employees' Co-operative
Credit Society Ltd
Gunfoundry : HYDERABAD - 500 001



Branch : _____

Date : _____

A M No:

Br. Code:

LIFE CERTIFICATE

I, do hereby certify that Shri./Smt. _____ S/o, W/o Shri. _____

Index No. _____, who is an Associate member of **S B H Employees' Co-operative Credit Society Ltd.**,
availing Superannuation Benefit, is alive on this day _____ Residing at [Full Address]

His/her **Pension payable** account No is SB / OSB No. _____ .

(Signature of the Associate member)

ATTESTED

Branch Manager
(Office Seal)

TELEPHONE NOS:

Residence :

Mobile :

E Mail :

TO BE SUBMITTED ON OR BEFORE 30TH NOVEMBER EVERY YEAR