

STATE BANK EMPLOYEES' CO-OPERATIVE CREDIT SOCIEITY LTD.[SBHECCS] GUNFOUNDRY : HYDERABAD – 500 001

Estd: 1952 (Regd under Multi State Cooperative Societies Act 2002) Reg No. MSCS\CR\373\2010
Email Id: <u>sbhempsociety@gmail.com</u> Site Address: <u>sbhempccs.com</u>

APPLICATION FOR MEMBERSHIP

INDEX NO.

[To be allotted by the Society]

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AFFIX A RECENT PHOTOGRAPH

Attested by the Branch Manager

Branch: _____ Branch Code. _____ Date _ : _____

То

The Secretary, State Bank Employees Co-Operative Credit Society Ltd, Gunfoundry: Hyderabad.500001.

Dear Sir,

I wish to become a member of your society and shall be glad to be admitted as the member of State Bank Employees' Co-operative Credit Society Ltd., I have read the Bye-laws of the Society together with the Subsidiary working rules of the Mutual Benefit Fund Scheme, Superannuation Benefit Fund Scheme, Medical Assistance Reimbursement Fund Scheme and agree to abide by it along with amendments effected from time to time.

I wish to initially subscribe for 30 (thirty only) shares of Rs. 150/- each, and authorize you to arrange for monthly deduction towards: i) Share contributions Rs.50/- ii) Mutual Benefit Fund Scheme Rs.450/- [Sub-staff] & Rs.650/- [Clerical/ Officers] iii) MARF. Rs.60/- from my salary.

FULL NAME: (in Block Letters)																		
FATHER / HUSBAND NAME: (in Bloc	ck Letters)																	
Date of Birth Date of Joining					Date of Confirmation													
Basic Pay: Rs Designation				Ex-serviceman Y/N														
Branch / Dept working at present:								Br	anch	n Co	de							
Tel / Mobile No	HR	(Enclose Copy of Latest Pay Slip)																
	NO	MINAT	ION	PAR	TICU	LAR	<u>5</u>											
NAME OF THE NOMINEE:																		
(I) Relatio					onship Age													
If Minor Guardian Appointee						Relationship												
Date of Birth: If Nominee is Minor																		
WITNESS: 1) Signature																		
Name					Yours Faithfully,													
Index No			-															
DECLARATION					[Signature of the Applicant]													
I hereby declare that previously I was a Member / Not a Member of State Bank Employees' Co-operative Credit Society Ltd and my INDEX No:					[Signature Verified and Certified that the Particulars furnished are correct]													
[Signature of the Applicant]					M A N A G E R [With Bank Seal]													
Encl: DD/B.C No:	_ Dated				for I	Rs 57	'0 /- [Sub-s	staff]	Rs.	770,	/-[CI	erica	l/Of	fice	rs]		

[PLEASE READ THE GUIDELINES OVER LEAF]

FOR OFFICE USE ONLY

NOTE:

- 1. Membership of the Society shall be open to all permanent employees including permanent part time employees on scale wage employed with the State Bank of India, provided that the minimum left over service in the Bank should be not less than 10 years.
- 2. Application form shall be filled completely and all the particulars to be furnished.
- [SUB-STAFF] Application should accompany requisite amount of <u>Rs.570/- by way of Demand Draft /</u> <u>Bankers Cheque</u> towards (i) Admission fee Rs.10/- (ii) MBF Rs.450/- (iii) MARF Rs.60/-(iv) Share Capital Rs.50/-
- [CLERICAL & OFFICERS] Application should accompany requisite amount of <u>Rs.770/- by way of Demand</u> <u>Draft/Bankers Cheque</u> towards (i) Admission fee Rs.10/- (ii) MBF Rs.650/- (iii) MARF Rs.60/- (iv) Share Capital Rs.50/-
- A person who opt to join as the member of the Society with less than 15 years of left over service in the bank, shall not be eligible to join the Superannuation Benefit Fund Scheme and Medical Assistance Reimbursement Fund Scheme as more fully described at Bye Law No:- 33-B & 33-D.
- 6. Please note a member shall subscribe regularly Rs.50/- per month towards share capital to the extent of a minimum of Rs.4,500/- and shall continue to contribute Rs.450/- [Sub-staff] and Rs.650/- [Clerical/Officers] per month towards MBF along with MARF Rs.60/- per month until he / she ceases to be a member.
- 7. Default for more than 6 months in MBF account will render the nominee / legal heirs ineligible for the benefits under the scheme. Member shall be responsible to arrange for recovery of arrears of subscription if the subscription is not recovered in any month for any reason.
- In case of non-receipt of subscription / installments for more than 3 months the account will be reflected into <u>"IN-OPERATIVE ACCOUNT".</u>
- 9. In case of Re-admission furnish particulars with regards to the previous index No. and date of resignation and Branch / Dept. working at that time.
- MBF shall become payable at the time of release of loan, to the extent of loan liability. (20 times of MBF contribution)
- 11. Any member, who desires to change the nomination, should submit fresh nomination form duly completed in all respects, at the earliest to avoid future problems.
