



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

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

APPLICATION FOR SPECIAL LONG TERM LOAN

INDEX No.

--	--	--	--	--

Branch:Code No.....
Date :

Dear Sir,

I, _____ Son/daughter/wife of Shri _____
working as _____ in _____ branch / department member of
State Bank Employee’s Co-op. Credit Society Ltd., Reg. No. MSCS\CR\373\2010, apply for a **Special Long Term
Loan** of Rs. _____ repayable in not more than **180 monthly installments** with interest @ 9% p.a. with
Monthly rests for attending to certain left over works in my house for which I have availed Housing Loan from
_____ branch on _____ [A certified copy enclosed].

I * Availment of original Housing Loan: a) Date of first installment _____ b) Date of 3rd / final
instalment _____ [certified copies should be enclosed]

In case the loan is granted, I hereby authorize the Society to recover the monthly installments from my salary till
the loan is liquidated, together with interest thereof. I have read the byelaws of the Society now in force and
undertake to abide by the Bye-laws and also as may be amended from time to time.

I hereby declare that I am not a borrower of any other Credit Society and that the information given above is
true.

Signature of Applicant

DEMAND PROMISSORY NOTE

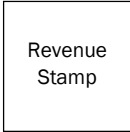
Place:

₹.

Date :

.....

ON DEMAND, I, the borrower Shri _____
the 1st surety Shri _____ Designation _____ Branch _____
the 2nd surety Shri _____ Designation _____ Branch _____
jointly and severally promise to pay the State Bank Employee’s Co-operative Credit Society Ltd., Reg. No.
MSCS\CR\373\2010, State Bank of India, Gunfoundry, Hyderabad – 500 001, or order a sum of ₹.
_____ [Rupees _____ only] together with interest @
9% p.a. with Monthly rests repayable in not more than 180 monthly installments.



Signature of Surety [1]
Index No. _____
HRMS No. _____
ATTESTED

Signature of Surety [2]
Index No. _____
HRMS No. _____
ATTESTED

Signature of borrower
Index No. _____
HRMS No. _____
ATTESTED

MANAGER
[Seal]

MANAGER
[Seal]

MANAGER
[Seal]

LETTER OF AUTHORITY

Branch/Dept:

Date :

The Asst. General Manager / Chief Manager / Manager
State Bank of India,

_____ Branch,

_____ Circle

Sir,

I hereby authorize you to deduct from the balance standing to my credit in the Provident Fund Account due and payable to me and / or any other amount whatever due and payable to me, a sum of ₹.

._____ [Rupees _____]

and pay the amount to STATE BANK EMPLOYEES' CO-OPERATIVE CREDIT SOCIETY LTD. REG.No. MSCS\CR\373\2010, Hyderabad whose receipt shall be a sufficient discharge. The remaining amount may be paid to me as per separate instructions by letter.

I hereby declare that this authority shall not be revoked by me without the written consent of the Bank.

Name : _____

MEMBER'S SIGNATURE

Index No. : _____ HRMS No. _____

// ATTESTED //

Branch / Department: _____

MANAGER
[SEAL]

COUNTER SIGNED

1. Borrower's Nominee's Signature: _____

2. Name of Nominee [BLOCK LETTERS]: _____

3. Relationship: _____

4. Residential Address: _____

In case of my retirement, voluntary or otherwise or death should precede the complete liquidation of my loan, I hereby authorize the Secretary, State Bank Employees' Co-operative Credit Society Ltd. Reg. No. MSCS\CR\373\2010, Hyderabad to claim for recovery in full whatever I owe to the Society from the amount then standing to the credit of my Provident Fund Account / Gratuity / Pension or any other payments receivable from State Bank of India I hereby authorize the Management of State Bank of India to pay such amount due by me to the Society as may then be outstanding against me from the Provident Fund Account / Gratuity / Pension or any other payments receivable from State Bank of India. I further authorize the Management of State Bank of India that until the total loan amount due to the Society is not liquated I or my legal heirs shall not hold any rights claiming for release of housing loan documents pledged with Bank.

SIGNATURE OF THE BORROWER
// ATTESTED //

MANAGER
[SEAL]

PARTICULARS OF EMOLUMENTS AND DEDUCTIONS:

This is to certify that the applicant Shri / Smt / Kum _____
Son / Daughter / Wife of Shri _____ is an Award Staff / Officer of State
Bank of India _____ Branch/Department.

1. Designation : _____
2. Date of Birth: _____
3. Date of appointment: _____
4. Date of Confirmation: _____
5. Date of Superannuation: _____

SALARY

1. Basic Pay	₹. _____	1. P.F. Loan	₹. _____
2. D.A + Other	₹. _____	2. Vehicle/ Car Loan	₹. _____
Allowances	₹. _____	3. Festival Advance	₹. _____
		4. Computer Loan	₹. _____
		5. Housing Loan	₹. _____
		6. Others [Specify]	₹. _____
		7. Total Deductions	₹. _____
GROSS SALARY `.. _____			

Certified that the Bank is not effecting loan deductions from the salary and allowances of Shri / Smt / Kum _____
_____ for credit of any other Co-op. Reedit Society and the details
of monthly deductions as aforesaid are true and correct.

Branch/ Dept. : _____

BRANCH MANAGER / HEAD OF THE DEPARTMENT

Date : _____

[SEAL]

FOR THE USE OF SOCIETY ONLY

- A) Index No. _____HRMS No. _____
- B) Date of Joining Society _____
- C) Date of Birth _____
- D) Date of Retirement _____

ELIGIBLE / NOT ELIGIBLE : _____

CLERK / DEO

CHECKING OFFICIAL

Left over Service: _____ Month _____

Cheque No. _____ Date: _____ for ₹. _____

issued.

Share Amount: ₹. _____

Incidental Charges ₹. _____

TOTAL ₹. _____

Checked by Manager

TREASURER

SECRETARY

PRESIDENT

NOTE:

1. Each member upon completion of 3 years of membership in the society shall be entitled to avail Spl. Long Term Loan as under:

i.) Sub-staff - ₹.3,00,000/-

ii.) Clerical - ₹.5,00,000/-

iii.) Officers - ₹.7,00,000/-
2. To furnish two acceptable sureties who are members of the Society.
3. To renew the loan 36 months time gap is necessary from the date of last borrowing.
4. In case of non-receipt of acknowledgment within 20 days please write to us with full particulars.
5. In case of any shortfall on account of the required share capital/subscriptions towards MBF/ MRF/ MARF the same shall be adjusted at the time of releasing the loan.
6. Default for more than 6 months in M.B.F. account will render the nominee / legal heirs ineligible for the benefits
7. Please enclose Latest Payslip