

CBS A/c. No.: BRANCH.....
 Postal Address :
 P.F.Index No.: L. No..... Mobile No.....

State Bank of India Officers' Co-operative Thrift & Credit Society Ltd.,

(Registered Under the Multi-State Co-operative Societies Act, 2002)
 34/9, Second Line Beach, S.C.C. Anthoni Pillai Bhavan (3rd Floor)
 P.B. No. 1831, Chennai - 600 001. E-mail : sbiosociety1975@gmail.com

APPLICATION FOR LOAN ON PERSONAL SURETY

TO BE FILLED IN BY THE APPLICANT

1. Name (BLOCK LETTERS).....Dept.....
2. Designation.....G. No.....
3. Basic Pay Rs.....D.A. Rs..... Service.....
4. Amount of Loan required Rs.....
- * 5. Purpose for which the loan is required **HOUSING / HOUSE RENOVATION / ADDL. CONSTRUCTION OF HOUSE/**.....
- * 6. Period of repayment.....Months.....
7. No. of Shares held by me as on date.....
8. Name of the Surety.....G.No.....
9. The amount outstanding in my existing loan if any, may be adjusted from this loan.
10. I declare that I am not a member of any other Co-operative Credit Society and that the information given above are true.

Place.....

Date.....20.....

SIGNATURE OF APPLICANT

TO BE FILLED IN BY THE SURETY

BRANCH.....

1. Name (BLOCK LETTERS).....Dept.....
2. Designation.....G. No.....
3. Basic Pay Rs.....D.A. Rs.....Service.....
4. No. of Shares held by me as on date.....
5. Name of the Surety.....G. No.....
6. I declare that I am not a member of any other Co-operative Credit Society and that the information given above are true.

Place.....

Date.....20.....

SIGNATURE OF SURETY

APPLICATION FOR ADDITIONAL SHARES

To
 The Secretary,
 State Bank of India Officers' Co-operative Thrift & Credit Society Ltd., Chennai-1.

Dear Sir,

I shall be glad if you will kindly allot.....shares for myself and*.....
 shares for my surety and deduct the cost of the same from the proceeds of my loan account.

I AGREE FOR THE SAME

BORROWER'S SIGNATURE

SURETY'S SIGNATURE

N.B. : * Mark ✓ whichever is applicable.

- * * No Member shall ordinarily be eligible for a fresh Loan on personal surety before 6 monthly instalments are received through salary towards repayment of the loan sanctioned. Period of repayment of Surety Loan shall be recovered in **120 monthly instalments** or length of his/surety's service in Bank whichever is less.

CERTIFICATE (Applicant)

This is to certify that Sri.....
is a **PERMANENT EMPLOYEE** of the State bank of India.....

Designation :	Service :
Date of Birth :	Basic Pay :
Date of Appointment :	Dearness Allowance :

We hereby agree as per his/her authorisation dated.....to deduct from his/her salary so long as he/she is in SBI Service every month his/her dues to your society as per the demand from the society and remit the same to you.

P.F. Advance, if any Rs.....

Car/Scooter and other advances Rs.....

Place.....

Dy. G.M. / BRANCH MANAGER

Date.....20.....

(Office Seal)

CERTIFICATE (Surety)

This is to certify that Sri.....
is a **PERMANENT EMPLOYEE** of the State bank of India.....

Designation :	P.F. Advance, if any Rs.....
Date of Birth :	
Date of Appointment :	Car/Scooter and other advances Rs.....
Service :	
Basic Pay :	
Dearness Allowance :	

Place.....

Dy. G.M. / BRANCH MANAGER

Date.....20.....

(Office Seal)

N.B. * DATE AND AMOUNT TO BE FILLED ONLY AFTER SANCTION

RECEIPT

Place.....

* Date.....

RECEIVED from the State Bank of India Officers' Co-operative Thrift and Credit Society Limited, Chennai-1, the sum of *Rupees.....

.....being the amount of Surety Loan granted to me

* Rs.

SIGNATURE OF BORROWER

State Bank of India Officers' Co-operative Thrift & Credit Society Limited
(Registered Under the Multi-State Co-operative Societies Act, 2002)
No. 34/9, Second Line Beach, Chennai-600 001.

*Date.....

ON DEMAND, We jointly and severally promise to pay the State Bank of India Officers' Co-operative Thrift and Credit Society Ltd., Chennai-1, the sum of *Rupees..... together with interest thereon at..... percent per annum for value received in cash.

* Rs.

Borrower's Signature

WITNESSES :

Residential Address.....

1

Address :

Surety's Signature

2

Address :

Residential Address.....

N.B. * DATE AND AMOUNT TO BE FILLED ONLY AFTER SANCTION.

LETTER OF AUTHORITY

THE CHIEF GENERAL MANAGER,
STATE BANK OF INDIA,
CHENNAI LHO / BANGALORE LHO / THIRUVANANTHAPURAM LHO

*Date.....

I hereby authorise 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 Rs. (Rupees*)) and pay the amount to the **STATE BANK OF INDIA OFFICERS' CO-OPERATIVE THRIFT & CREDIT SOCIETY LTD., CHENNAI-1** 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.

WITNESS :

Signature.....

Designation.....

Address.....

Member's Signature.....

Designation.....

Countersigned

Surety's Signature.....

Designation.....

Address.....

.....

.....

.....

Borrower's Nominee Signature.....

Name of Nominee
(Block Letters).....

Relationship.....

Residential Address.....

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AUTHORISATION

In case of my retirement, Voluntary or otherwise or death should precede the complete liquidation of my loan, I hereby authorise the State Bank of India Officers' Co-operative Thrift & Credit Society Ltd., Chennai-1, 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 with the State Bank of India. I attach herewith a letter addressed to the State Bank of India, authorising them to pay such amount due by me to the Society as may then be outstanding against me from the Provident Fund Money then standing to my credit.

SIGNATURE OF THE BORROWER

OFFICE NOTE

APPLICANT'S PARTICULARS

G. No.

Name.....

Designation.....

Branch.....

Pay Qualification :

Basic Pay Rs.....

Dearness Allowance Rs.....

Total Rs.....

25 Times the above Rs.....

Share Qualification :

No. of shares held
proposed to take

Total Nos.

Value Rs.....

6 Times the above Rs.....

Period of Service

SURETY'S PARTICULARS

G. No.

Name.....

Designation.....

Branch.....

Pay Qualification :

Basic Pay Rs.....

Dearness Allowance Rs.....

Total Rs.....

25 Times the above Rs.....

Share Qualification :

No. of shares held
proposed to take

Total Nos.

Value Rs.....

6 Times the above Rs.....

Period of Service

LOAN PARTICULARS OF APPLICANT

Due on Surety Loan (M.T.L.) Rs.....

Interest Rs.....

Due on..... Loan Rs.....

Interest Rs.....

Addl. Shares :

Applicant Rs.....

Surety Rs.....

Entrance Fees :

Applicant Rs.....

Surety Rs.....

Postage / Courier Rs.....

Net Liability payable to S.B.I.
Staff Co-op. Society Ltd.,
No. X-342 Rs.....

Others

1. Rs.....

2. Rs.....

3. Rs.....

Total Rs.....

New loan applied for Rs.....

Amount Recommended Rs.....

Total deductions Rs.....

Net Benefit Rs.....

Loan for Rs..... may be sanctioned

REMARKS

1.
2.
3.

Secretary

Sanctioned by Circulation/Meeting on.....

Under Resolution No.....

Amount Paid

Cheque No.....for Rs..... Posted in Ledger Secretary

S.B.I. Staff Co-operative Society Ltd., Cheque No..... for Rs.....

Date.....

Clerk.

Accountant

Secretary