## APPLICATION FOR LOAN

Sl.No..... Mobile No.....

The Hony. Secretary State Bank of India Employees' Thrift & Credit Co-operative Society Limited. Dimapur\_797112:Nagaland.

# SANCTIONED IN MANAGING COMMITTEE MEETING HELD ON.....

CHAIRMAN Dated.....

Dear Sir,

I am in urgent need of more	ney for the purpose of
-	and shall be glad if you kindly grant me a loan of
Rs(Rupees	) only, which will be repaid by monthly
installment of Rs	each together with interest at rate of per
annum, the installment together with	n interest be deducted by the society from my salary paid by the State Bank
of India.	

I have read the rules and resolution taken and I agree to abide by the same. Dated......day of......20....

#### SIGNED IN PRESENCE OF

(Signature in full)

Witness	Name
Signature in full	(Block Letter)
Name in full	Dept. Branch
(Block Letter)	Designation
Dept/Branch	Basic Salary Rs
Date	D.O. Birth.
Society's Membership No	D.O. Joining the Bank
• •	EMP NO.

## **SURETIES**

We the undersigned agree to stand surety for above loan and bind ourselves to make payment to the loan together with interest(in such a manner as may be determined by the Society) in the event of Shri......'s death, dismissal or otherwise failure to make payment.

Date	
1)	2 )
(Signature in Full)	(Signature in Full)
Name in full	Name in full
(Block Letter)	(Block Letter)
Branch	Branch
3 )	Certified that the applicant's statement correct
(Signature in Full)	
Name in full	SIGNATURE
(Block Letter)	Secretary,
Branch	For State Bank of India Staff Association/Officer
	Association,
	Branch(with seal)
	OR
	Member of the Managing Committee of the Society

#### Page No.-2

#### **Declaration of Assets and Liabilities**

A member applying for loan shall have to furnish a full statement of his/her :-

- a) Property
- b) Debts :-
- **c** ) Annual income :-
- d) Annual expenditure (Including Installment of principal and interest on prior loan from Co-operative Society, if any.) :-
- e) Available surplus for repayment of the loan applied for :-

I hereby affirm that total present indebtness to the Society and other parties as stated above is true and correct to be best of my knowledge and belief.

Date:	Full Signature of Applicant

This is to certify that Sri/Smt..... is a permanent employee of this Office/Branch. If the loan applied for is sanctioned, the deduction of installment shall be made on month to month basis of his/her undertaking.

## **AGM/Chief Manager/Branch Manager**

P.

## FOR OFFICE USE ONLY

Rs.

#### LOAN SANCTIONED

- Less Share a )
- b) Other dues, if any,

#### TOTAL AMOUNT PAYABLE

#### TOTAL AMOUNT OF LOAN ACCOUNT(INTEREST AND PRINCIPAL)

Rs.

Rs

P.

Rs.

Date.....

Hony. Secretary

# **FORM OF DECLARATION** STATE BANK OF INDIA EMPLOYEES' THRIFT & CREDIT CO-OPERATIVE SOCIETY LIMITED DIMAPUR-797112 : NAGALAND

I hereby authorise the State Bank of India, its successors and assigns to recover the outstanding balance of the loan taken by me from the STATE BANK OF INDIA EMPLOYEES' THRIFT & CREDIT CO-OPERATIVE SOCIETY LIMITED from the Provident Fund & Pension Fund moneys, Gratuity etc. Payable by the Bank to me in the termination of my service with the Bank due to retirement or resignation or dismissal or to my nominee or my legal heir(s) in the event of my death, and pay the amount to the State Bank of India Employees' Thrift & Credit Co-operative Society Limited on being advised by them of the actual amount recoverable, under advice to the Co-operative Society.

I hereby declare that and any objection if raised by me or in the event of my death by my nominee or legal heir(s) to pay out of my Provident Fund & Pension Fund moneys, Gratuity etc. the outstanding due to the Society for the loan taken by me will not be tenable and that the Bank will be within its rights to pay the Provident Fund & Pension Fund moneys, Gratuity etc. to me or to my nominee or my legal heir(s), as the case may be, after deducting there from the dues of the society.

I further declare that this authority shall not be revoked by me without the written consent of the State Bank of India Employees' Thrift & Credit Co-operative Society Limited, Dimapur-797112 : Nagaland.

Signature in Presence of :	
Signature in full	Full Sign/LT. Impression of Borrow
Name	Name
(in block letter)	(in block letter)
Designation	Designation
Office of SBI	Office of SBI
Date :-	Date :-

## FORM OF DECLARATION

# STATE BANK OF INDIA EMPLOYEES'

## THRIFT & CREDIT CO-OPERATIVE SOCIETY LIMITED

## DIMAPUR-797112 : NAGALAND

I hereby authorise the State Bank of India, its successors and assigns to recover the outstanding balance of the loan taken by me from the STATE BANK OF INDIA EMPLOYEES' THRIFT & CREDIT CO-OPERATIVE SOCIETY LIMITED from the Provident Fund & Pension Fund moneys, Gratuity etc. Payable by the Bank to me in the termination of my service with the Bank due to retirement of resignation or dismissal or to my nominee or my legal heir(s) in the event of my death, and pay the amount to the State Bank of India Employees' Thrift & Credit Co-operative Society Limited on being advised by them of the actual amount recoverable, under advice to the Co-operative Society.

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Signature in Presence of :	
Signature in full	Full Sign/LT. Impression of Borrow
Name	Name
(in block letter)	(in block letter)
Designation	Designation
Office of SBI	Office of SBI
Date :-	Date :-

From(Full Name)		 	
Permanent Address	Village/Town	 . P.O	
	District		
То			

The State Bank of India Employees' Thrift & Credit Co-operative Society Ltd. Dimapur-797112 : Nagaland

## **LOAN**

Dear Sir,

In terms of section 48 of the Assam Co-operative Societies Act.1949 as adopted by Nagaland undersigned......an employee of the State Bank of India hereby authorise you to recover by deduction from the salary payable to me by the State Bank of India a sum of Rs......)only, each month representing the monthly installment by which I have undertaken to repay the loan taken by me from the State Bank of India Employees' Thrift & Credit Co-operative Society Ltd, Dimapur, in term the Bond executed by me on the .....

I hereby agree and declare that I shall not be entitled to withdraw or revoke the authority until the whole of my debt to the State Bank of India Employees' Thrift & Credit Co-operative Society Ltd, Dimapur is liquidated.

Witness :-

Full Name.....

Occupation.....

Address.....(Members only)

Yours faithfully

(Signature in full)

Branch Office.....

## **ATTESTED**

1) Unit Secretary.....(With Seal)

Branch..... For SBISA/SBIOA

> Signature HONY.SECRETARY SBI Employees' Thrift & Credit Co-op Society Ltd. Dimapur : Nagaland.

The Committee of Management of The State Bank of India Employees' Thrift & Credit Co-operative Society Ltd. Dimapur -797112 : Nagaland

# GENTLEMAN,

and sanctioned

Placed in the	Share money adjusted on
Committee meeting	Ledger Folio No
Dated	

Yours faithfully

## **CHAIRMAN**

Signature(in full) of applicant
Name in block letter
Designation
Branch/Centre
Date