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

C/O State Bank of Inc	lia, DIMAPUR
Dear Sir,	
	of the STATE BANK OF INDIA EMPLOYEES'
	CIETY LTD. I have carefully read the bye-laws and
rules of the society, and hereby agree to ab time.	ide by them or any modification made from time to
I request that you to allot me Twenty share,	and I here by accept the same.
<u>.</u>	nate my(relation)
· · · · · · · · · · · · · · · · · · ·	(Address
	to whom the value of shares I may be permitted
	ere on as also any sum or sums payable to me on my
account should be paid in the event of my	
decount should be paid in the event of my	Yours faithfully
	Signature (in full)
	Present substantive Pay Rs
DATE OF BIRTH	Period of confirmed service
P F INDEX NO	Office in which employed
Mobile No	Designation
Email-Id	Father's Name
	Home Address
	Present Address
may be admitted as a member of the Society	y.
	(1) Branch
CERTIFIED that He/She	is a permanent
employee in the State Bank of India	Branch and has
been confirmed in the appointment on date.	
Date20	CHIEF MANAGER / BRANCH MANAGER
L/A For declaration on R.B. Fund contribut	ion
From (Full Name)	(Designation)(Date)
TO.	
TO THE DRANCH MANAGER	
THE BRANCH MANAGER STATE BANK OF INDIA	
Branch	
Drancii	
Sir,	
	HRIFT & CREDIT CO-OPERATIVE SOCIETY LTD
	T BENEFIT FUND
	ny salary and pay to the State Bank of India
	ociety Ltd. each month until further notice, a sum of
Rs(Rupees	
contribution to the Retirement Benefit Fund	
	Yours faithfully,
Witness:-(By any member of the Society)	
Signature	
Full Name	Signature
Designation	
Address	Full Name
Unit Secretary	
Branch/Office	

SBI Employees Thrift & Credit Co-operative Society Ltd.Dimapur

Hony.Secretary

Dimapur:Nagaland.

Note: A/C no:- 10810518427 & e-mail ID – sbiempcoopdimapur@gmail.com