

From (Full Name).....  
Designation .....  
Address.....  
Email ID.....  
SB A/c No.....

To,  
The Office Manager/Branch Manager  
State Bank of India  
.....

**The state Bank of India**  
**Officers' Thrift & Credit Co-operative Society Ltd., Jorhat**  
**C/o S.B.I. Regional Business Office**  
**M.G. Road, Jorhat**

**THRIFT FUND**

Sir,

I hereby authorise you to deduct from my salary and pay to the State Bank of India officers' Thrift & Credit Co-operative Society Limited, Jorhat each month until further notice, a sum of Rs.....(Rupees.....) only representing my monthly contribution to the Fund of the Credit Society.

Your faithfully

Witness

Signature.....  
Full Name.....  
Address .....  
.....

.....  
Signature

**ATTESTED**

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

**\*Contribution to the fund should be made in Rs. 1000.00 or multiple thereof.**

**\*A minimum number of shares have to be purchased by each member of Rs.100**

**CHIEF EXECUTIVE OFFICER**

**Application For Membership**

To,  
The Chief Executive Officer,  
State Bank of India Officers' Thrift &  
Credit Co-operative Society Limited, Jorhat  
C/o S.B.I. Regional Business Office, Jorhat  
M.G. Road, Jorhat-785001

Date: .....

Dear Sir,

I apply for admission as a member of the State Bank of India Officers' Thrift & Credit Co-operative Society Ltd., Jorhat. I have carefully read the Bye Laws and rule of the Society and hereby agree to abide by them or any modification made from time to time.

I request you to allot me ..... ( ) shares and I hereby agree to accept the same or any smaller number that you may allot me.

I do nominate my (relation)..... Name.....

Address ..... Age.....

To have the value of shares I may be permitted to hold and the profit which may accrue thereon as also any sums payable to me on my account should be paid in the event of my death.

I do hereby declare that I am not a member of any other Co-operative Credit Society.

APPLICANT

Witness

Signature

Name in full

Address

Name:

(in block letter)

Father's Name:

Signature

Branch/Dept.

Dept./Branch

Basic Pay:

Age:

P.F. No:

Mobile No:

PAN No:

Home Address:

Present Address:

Confirmed Service

**Date of Birth:**

Date of Joining:

Designation

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To be used by Credit Society only placed on the Meeting  
Committee held on .....and admitted



**SPECIMEN SIGNATURE OF THE APPLICANT**

**CHIEF EXECUTIVE OFFICER**