

From :

(Name in full)

(Designation).....

(Address).....

INDEX NO

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Mobile : Office / Personal

(Date)

**STATE BANK OF INDIA OFFICERS' THRIFT & CREDIT
COOPERATIVE SOCIETY LTD.**

Jorhat

Dear Sir,

In terms of Section.....of the Assam Co-operative Societies Act. I, the undersigned _____ an officer 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.(Rupees.....) only each month representing the monthly instalment by which I have undertaken to repay the loan taken by me from the State Bank of India Officers' Thrift & Credit cooperative society ltd. (Jorhat Region), in terms of the Bond executed by me on the

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

WITNESS

Signature _____

Full Name _____

Designation _____

Branch _____

Department _____

Yours faithfully

(Signature in full)

Branch

Department

ATTESTED

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

Secretary

APPLICATION FOR EMERGENCY LOAN

THE COMMITTEE OF MANAGEMENT
State Bank of India Officer's Thrift & Credit
Cooperative Society Ltd.
Jorhat

INDEX NO

Gentlemen,

Please sanction me an EMERGENCY LOAN for Rs. _____

Rupees _____ only) for _____

(Purpose of Loan)

FULL NAME _____

(In Block Letters)

Signature _____

Designation _____ Dept/Branch _____

Present Address _____

I authorise you to recover the amount of advance in 36/48 monthly instalments from the salary and allowance, for which a letter of authority, authorising to recover the deduction from the salary payable to me by the State Bank of India, is enclose.

Further , I hereby authorise the State Bank of India , its successore and assigned to recover the outstanding balance of the loan taken by me from S.B.I. Officers' Thrift & Credit Cooperative Society Ltd. from the Provident Fund and Pension Fund moneys, Gratuity etc. payable by the Bank to me on the termination or dismissal or to my nominee or my legal heir(s) in the event of my death and pay the amount to the SBIO Thrift & Credit Cooperative Society Ltd. on being advised by the Cooperative Society.

I hereby declare that any object, if raised by me of in event of my death by my nominee or lrgal heir(s) to pay out of my Provident Fund and Pension Fund moneys Gratuity etc. the outstanding due to the Society for the Loan taken by me will not enable and that the Bank will be within its right to pay the Provident Fund Pension Fund money Gratuity etc. to me or to my nominee or to my legal heir(s) as the case be after deduction there from the dues of the Society .

I further declare that the authority shall not be revoked by me without the written consent of the State Bank of India Officers' Thrift & Credit Cooperative Society Ltd. Jorhat .

WITNESS

Signature _____ Signature of the Borrower

Name _____ Designation _____

Designation _____ Office employee _____

Office employee S.B.I. _____ Date _____

_____ Branch

Date _____ SBI A/C No.

Date of Birth

Loan Sanctioned : Rs. Date of Appointment in the Bank

Rupees Date on which Retirement is Due

Vide Cheque No. Provident Fund Index No. (SBI)

Mobile No.....(Off.)(Personal)

**N.B. : i) Documentary evidence of the purpose for which the loans applied
ii) Latest pay slip should be enclosed.**