

**THE POSTAL & R.M.S. EMPLOYEES CO-OPERATIVE BANK LTD.
AMBALA CANTT / DELHI**

APPLICATION FOR MEMBERSHIP

To

The C.E.O. / Chief Manager / Manager
The Postal & R.M.S. Employees
Co-Operative Bank Ltd. Ambala / Delhi

Dear Sir,

The Application form for Membership of Sh./Smt./Ms.....
S/o, D/o,W/o Shri..... is sent herewith for further
necessary action at your end please.

Signature of Drawing / Disbursing officer
Name
Mobile No.

CKYCR Station Code Received Rs.....
On.....

To

The Board of Directors,
The Postal & R.M.S. Employees co-operative Bank Ltd.
Ambala Cantt.

Account No.

Sir,

I beg to apply for admission as Ordinary Member of The Postal & R.M.S.
Employees Co-op. Bank Ltd., Ambala Cantt. The bye-laws of which I have carefully
read and understood. Necessary information as required is noted below.

Affix Photo Attested
by Officer Incharge

(TO BE FILLED IN CAPITAL LETTER)

Name Sh./Smt./Ms.	Father's Name	Husband's Name	Date of Appointment	Basic Pay	Date of Birth	Designation and office of posting	Permanent Address Name of Village P.O. & District
Postal ID						Name of HO	
PAN No.							
Aadhar Card no.							

1. In the event of my enrollment as a member I take to abide by the laws of the Bank and by such modifications there of may here after be made according to by laws of the bank.
 2. I am not member of any other Co-operative Credit Society/Bank and promise not to become member of such Society/Bank unless I cease connection with this bank.
 3. I hereby remit Rs by way of Cash/Money Order/SBI/HDFC A/c No..... Date.....towards. 10 shares of Rs. 50/- each.
 4. I here by nominate (Full name of the nominee)(only, One Person) with Relation (a) as an heir to whom sum due to me by the Bank shall be paid in case of my death.
- The age of nominee at present is years and if the nominee is minor during his/her minority, payment should be made through the guardian (Name) who is my (State Relation)

- 5 I here by agree to deduction of Rs. from my salary and remittance thereof to the bank on my contribution to CTS as required by bank by laws failing which I shall forfeit my right membership
6. I hereby undertake to accept the Insurance Policy and authorize the Bank to deduction the premium from CTS A/c at half yearly withdrawal as per decision to AGM.
7. I enclosed the following document : Pay slip Aadhar Card Pan Card Postal ID Card

Dated the Day of 20

Signature of the Applicant

Mobile No.....

CERTIFICATE BY DDO

- 1 Certified that the applicant was appointed on in the cadre and his/her basic pay is Rs. p.m.
Date of Retirement is
- 2 Under the multi-state Co-operative Societies Act 2002, I shall deduct the amount as may be specified in the agreement and pay the amount so deducted to the bank in settlement of any debt.

Signature of Drawing / Disbursing Officer

Name

Mobile No.

Certified that he was member/not a member previously. The application is in order and may be accepted.

Clerk

Accountant

Chief/Sr. Manager

CEO

Chairman