

Form No. 1

LIC EMPLOYEES' CO-OPERATIVE BANK LTD., UDUPI

LICOBANK ROAD, UDUPI

Email : licobank@gmail.com Ph. 0820-2520826, 2534826

Inward No:

APPLICATION FOR ASSOCIATE MEMBERSHIP

To,
The secretary,
LIC Employees' Co-Op. Bank Ltd.
Udupi – 576 101

A.M.No:

ADMITTED
PRESIDENT
Date:

Photo

Dear Sir,

I (Name in full block letters) aged years, son/daughter/wife of Residing at hereby apply for admission as a member of the above Bank and request that..... shares Rs.100/- each be allotted to me. I hereby agree to pay the total amount of the share money in lump sum and Entrance fee of Rs.25/- which is remitted herewith.

Date of birth : Date of Joining service

Date of Retirement:..... Pension Roll No: PAN:

Gross Pension : Rs. Net Pension: Rs. SB A/c No:

Whether member of any other co-operative Bank and or Society and if so, the name of the Bank or Society } Yes / No Adhar No:

I belong to the category of : Gen/ SC /ST /OBC

I hereby give the bank irrevocable authority to recover all my dues to the Bank from my SB A/c with LIC Employees' Co-Op. Bank Ltd. Udupi/ Dharwad to which my monthly pension amount is credited.

I have read the bye-laws of the Bank and hereby undertake to abide by them and by any additions or alterations thereto or any modifications thereof, as may hereafter be made.

Permanent Residential Address:

Date:
Introduced by (Introduction should be made by a member of the Bank)

.....
Signature of applicant

Name:
M.No: S.R.No:
Office Address:

.....
Signature of introducer

Prepared by:
Requirements for membership:
(1)

(2)

Checked by:

(3)

(4)

Secretary

(The form below should also be completed)

Under Rule No.11 of Karnataka Co-operative Societies Rules, 1960 framed under K.C.S Act 1959
I Nominate (Full Name) my (relationship)
..... aged years residing at
..... (If the nominee is a minor, state
the name and age of the guardian) with Sri/ smt. age
years who is the nominee's (state guardian's
relationship to nominee) as guardian, as the person to whom all sums due to me from the Bank under its bye-laws shall
be paid in case of death.

.....
Signature of the Applicant

WITNESSES

(1) Signature:	(2) Signature:
Name:	Name:
M.No:	M.No:
Occupation:	Occupation:
Address:	Address:

CERTIFICATE BY EMPLOYER

1. Name of the Ex-Employee :
2. Pension Roll No :
3. Designation at the time of retirement :
4. Name of Father/ Mother/ Husband :
5. Date of Birth :
6. Date of retirement :
7. Gen/ SC/ ST/ OBC :

Signature of the Applicant

Attested by the Officer

With Office seal

Specimen Signatures:

1.

2.