

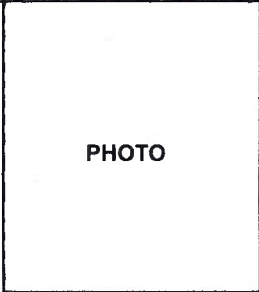
IDBI STAFF CO-OPERATIVE CREDIT SOCIETY LTD.

(Registration No. 903 of 1978)

IDBI Tower, First Floor, WTC Complex, Cuffe Parade, Mumbai 400 005

Telefax : 22185670

Society
Saving
A/c No.



SPECIMEN SIGNATURE CARD

Employee Code									
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NAME IN BLOCK LETTERS

SURNAME	MR/MS																		
FIRST NAME																			
FATHER'S /HUSBAND'S NAME																			
DATE OF BIRTH :																			

SPECIMEN SIGNATURE

Signature admitted on

A. A. Officer

Manager

IDBI Staff Co-op. Credit Society Ltd., Mumbai



Date :

SAVINGS ACCOUNT OPENING FORM

Please open a Savings Account with the Society in my/our name (S)
given on the reverse. The account opening instructions:
SELF/EITHER TWO JOINTLY OR SURVIVOR

I/We declare that the society's savings Account Rules now in force have been read and understood by me/us. I/We agree to comply with and be bound by all the savings account rules now in force or as may be modified or altered from time to time.

कृपया मागे दिलेल्या माझ्या / आमच्या नांवावर सोसायटीमध्ये बचत खाते उघडावे. बचत खात्यातून रक्कम काढण्याचे वगैरे अधिकार खालील प्रमाणे :

मला/दोघांपैकी एकास / दोघांस किंवा ह्यात व्यक्तीस

मी / आम्ही जाहीर करतो की सोसायटीचे बचत खात्याचे सध्याचे नियम मी / आम्ही वाचले असून ते मला / आम्हांला समजले आहेत. मला / आम्हांला बचत खात्याचे सध्याचे सर्व नियम मान्य असून त्यात वेळोवेळी होणारे बदल माझ्यावर / आमच्यावर बंधनकारक राहतील.

Residential Address रहाण्याचा पत्ता:

Signature/s/सही/सह्या



IDBI STAFF CO-OPERATIVE CREDIT SOCIETY LTD. MUMBAI

(Registration No. 903 of 1978)

Society Membership No.	
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The Secretary,
IDBI Staff Co-operative
Credit Society Ltd.,
MUMBAI 400 005

DATE:-

APPLICATION FOR MEMBERSHIP

&

MEMBER'S BENEVOLENT DEPOSIT SCHEMES - I, II, III, IV, V, VI, VII & VIII

I am an employee of IDBI Bank Ltd. / SIDBI / IDBI (Capital Market)

I apply to be admitted as a member of the IDBI Staff Co-op. Credit Society Ltd. and tender Rs.20/- (Rs. Twenty only) towards entrance fee of Rs. 10/- and one share of the Society of Rs. 10/-.

I also apply for membership of the Members' Benevolent Deposit Schemes - I, II, III, IV, V, VI, VII and VIII.

I agree & undertake to pay every month minimum of Rs. 200/- (Rs. Two hundred only) towards Capital Deposit and minimum of Rs. 500/- (Rs. Five Hundred only) towards the M.B.D. Schemes I, II, III, IV, V, VI, VII and VIII and authorise the Society to recover the same from monthly salary.

I hereby agree to abide by the Bye-laws and the Rules of the Society and the Rules of the M.B.D. Schemes I, II, III, IV, V, VI, VII & VIII now in force, or as may be modified or altered from time to time.

PARTICULARS OF THE MEMBER

Full Name	Kum/Smt./Shri _____		
Short name as per Bank's record			
Date of Birth		Date of Retirement	
Institution	IDBI/SIDBI/I.CAP.M	Branch	
Designation		Mobile No.	
Residential Phone No.		Office Landline no.	
Residential Address(Local)			
Whether admitted as a members earlier and resigned	Yes/No	If yes, when _____	
IDBI BANK ACCOUNT NO.			
EMAIL ID			
SOL ID			
Basic Pay			

(* Please mention your EIN No. and not oracle ID)



--: 2 :--

I nominate the following person's to receive the amount of all my Assets with the Society and an assistance under the M.B.D. Schemes I, II, III, IV, V, VI, VII and VIII after adjusting all my dues in the event of my death.

(Normally nominee should NOT be any other than Wife/Husband or Son/Daughter or Father/Mother of the member.) In case of change of Nominee, please inform Society immediately.

PARTICULARS OF THE NOMINEE

Nominee's Full Name	1) Mr/Ms. _____ % _____
	2) Mr/Ms. _____ % _____
Relation with the Member	1) _____ Minor/Major
	2) _____ Minor/Major

Signed before me.

Signature of Witness

Full Name

Membership No.

Applicant's Signature

*Emp. Code No.

Place

Date

CERTIFICATE FROM THE IDBI BANK LTD.
(OR FROM ITS ASSOCIATE INSTITUTION)

Temporary/Part Time/Confirmed

Certified that Kum/Smt./Shri _____ *Emp. Code No. _____

is employed in _____ from _____ and is confirmed in the service on _____

IDBI BANK SEAL

Signature of the authorised official of Establishment/Staff Section and Seal

Date:

Received Rs. 500 only on _____ and admitted as a member of the Society and as a Member of the M.B.D. Schemes I, II, III, IV, V, VI, VII and VIII on _____

Form is in order. Put up for approval please.

Cashier

A.A.O.

Manager

Admission ratified by the Managing Committee in
Its meeting held on _____



AUTHORITY LETTER TO DEDUCT SUBSCRIPTION

Date _____

The Dy. General Manager,
Administration & Personnel Department,
IDBI Bank Ltd.,
MUMBAI 400 005

Sir,

(Through IDBI Staff Co-operative Credit Society Ltd. Mumbai)

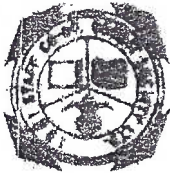
I, the undersigned, hereby authorize you to deduct monthly from the net amount payable to me on your establishment pay-bill the sum of Rs. 800/- (Rupees _____ only) towards Capital Deposit and Members Benevolent Deposit Subscription with the Society (Ascertainable from the monthly recovery list to be sent to you by the Society) and to arrange for the payment of the same to the IDBI Staff Co-operative Credit Society Ltd., Mumbai.

The deduction is to commence from my salary for the month of _____ and to be continued until cancelled by the Society or with the consent of the Society.

Yours faithfully,

Applicant Signature

Name _____
Pay Roll No. _____
Station _____
Date _____



FORM "K"

To,

The Secretary,
IDBI Staff Co-operative Credit Society Ltd.,
MUMBAI 400 005

I (Name) _____ of
(Address) _____

_____ am / have not become a member of Co-operative Credit Society /Co-operative Bank.

I do hereby declare that I shall borrow only from:

IDBI STAFF CO-OPERATIVE CREDIT SOCIETY LTD.

WITNESS:

Signature:

Savings A/c.No.:

Place:

Date:

APPLICATION:

Full Name:

Savings A/c.No.:

Place:

Date:

CHECKLIST

Ensure that-

- i. You have signed the form
- ii. Signature of the witness is obtained.
- iii. Savings Account No. of the applicant and the witness is written