** FORM ‘K’**

(See rule 45(f) of the Maharashtra Co-operative Society’s Rules, 1961)

To

The Secretary,

IDBI Staff Co-operative Credit Society Ltd.,

Mumbai – 400005

 I(Name)……………………………………………………………………………………………………….................of (Address)……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………am/have become a member of more than one Co-operative Credit Society /Co-operative Bank, names of which are given below:

(1)

(2)

(3)

(4)

I do hereby declare as required by rule 45 of the Maharashtra co-operative societies Rules 1961 that I shall borrow only from:

**\*\* IDBI Staff Co-operative Credit Society Ltd\*\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **WITNESS:** |  |  | **APPLICANT** |  |  |
| SIGNATURE | **:** | SIGNATURE | **:** |
|  |  |  |  |  |  |
| FULL NAME | **:** | FULL NAME | **:** |
|  |  |  |  |  |  |
| SOCIETY A/C NO. | **:** | SOCIETY A/C NO. | **:** |
|  |  |  |  |  |  |
| PLACE | **:** | PLACE | **:** |
|  |  |  |  |  |  |
| DATE | **:** | DATE | **:** |

**CHECKLIST**

**Ensure that ---**

1. **Filling up this form is mandatory for sanction of loan.**
2. **You and witness have signed the form**
3. **Savings account no. of the applicant and the witness is written.**
4. **Names of the Co-operative Credit Society /Co-operative Bank with address are written.**
5. **Loan liability certificate from which you have borrowed should be attached with this form.**

** IDBI Staff Co-operative Credit Society Ltd, Mumbai.**

 This is to certify that the retirement date of Shri\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Empl.Code\_\_\_\_\_\_\_\_\_\_\_is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Signature**

 **Date: Designation:**

**Seal:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provident Fund /NPS**

 This is to certify that Provident Fund balance Shri\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(above employee) as on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Signature**

 **Date: Designation:**

**Seal:**

Note:

* **Filling up this form is mandatory for sanction of loan.**
* **Applicant should not signed on this form (retirement date/pf bal)**