

F1 - Application for Resignation from Society



Regd. No. 36 DR

Date : 06-03-1943

**THE STATE BANK EMPLOYEES' CO-OPERATIVE CREDIT SOCIETY LTD.,**

1st Floor, State Bank of India, Mysore Bank Circle Branch, Avenue Road, Bengaluru - 560 009.

Ph : 080-2234 0814, E-mail : sbecsl@gmail.com, Website : www.sbmcreditsociety.com

To :

**The Chief Executive Officer,**  
State Bank Employees' Co-operative Credit Society Ltd.,  
1st Floor, State Bank of India,  
Mysore Bank Circle Branch,  
Avenue Road, Bengaluru - 560 009.

Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Place : \_\_\_\_\_

Dear Sir,

**Resignation from Society**  
**Share Certificate No. \_\_\_\_\_**

I am a member of the Society. Due to reasons beyond my control, I hereby tender my resignation to the membership of the Society. I request you to please accept the same and relieve me from the membership at the earliest.

Thanking you,

Yours faithfully,

.....  
**Signature of Member**

<b>Residential Address :</b>			
<b>A/c No.</b>		<b>Telephone No.</b>	<b>Mobile No.</b>
<b>Name</b>	<b>Designation</b>		
<b>Employee No.</b>	<b>Branch Code</b>		
<b>HRMS ID</b>	<b>Branch Name</b>		

**For Office Use Only**

Resignation accepted by the Board on ...../...../.....

**Chief Executive Officer**

**F2 - Application for Withdrawal of Shares**



Regd. No. 36 DR

Date : 06-03-1943

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1st Floor, State Bank of India, Mysore Bank Circle Branch, Avenue Road, Bengaluru - 560 009.

Ph : 080-2234 0814, E-mail : sbeccl@gmail.com, Website : www.sbmcreditsociety.com

To :

**The Chief Executive Officer,**

State Bank Employees' Co-operative Credit Society Ltd.,  
1st Floor, State Bank of India, Mysore Bank Circle Branch,  
Avenue Road, Bengaluru - 560 009.

Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Place : \_\_\_\_\_

Dear Sir,

**Refund of Share Amount**

**Share Certificate No.** \_\_\_\_\_

1) I have resigned from the membership of the State Bank Employees' Co-operative Credit Society Ltd., and that my resignation has been accepted by the Society on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

I enclose a copy of the acceptance letter

**OR**

I have ceased to be the employee of State Bank of India with effect from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ for the following reasons :-

- a) Retirement after superannuation, OR
- b) Voluntary Retirement, OR
- c) Resignation from the Bank, OR
- d) Other reasons \_\_\_\_\_

**(please specify)**

I enclose a copy of the relieving letter from the Bank.

I enclose the original share certificate issued by the Society

- 2) I request you to please refund the share balance in my Account after recovering the dues, if any, to the Society.
- 3) The proceeds may please be credited to my Savings Bank Account number as under :-

<b>Residential Address :</b>			
<b>A/c No.</b>		<b>Telephone No.</b>	
<b>Mobile No.</b>			
<b>Name</b>		<b>Designation</b>	
<b>Employee No.</b>		<b>Branch Code</b>	
<b>HRMS ID</b>		<b>Branch Name</b>	

I declare that the details/information furnished above, are true and correct.

Yours faithfully,

.....  
**Signature of Member**

<b>For Office Use Only</b>	
Share No. _____	Date of Membership ____ / ____ / ____
Share A/c Balance	₹. _____
<b>LESS : Dues to Society</b>	₹. _____
<b>Net Amount to be paid</b>	₹. _____

<b>Prepared by</b>	<b>Checked by</b>	<b>Manager</b>	<b>C.E.O</b>
<b>Paid by Cheque No.</b> _____	<b>Dated</b> ____ / ____ / ____		

**F3 - Application for Withdrawal of Compulsory Savings Fund**



Regd. No. 36 DR

Date : 06-03-1943

**THE STATE BANK EMPLOYEES' CO-OPERATIVE CREDIT SOCIETY LTD.,**

1st Floor, State Bank of India, Mysore Bank Circle Branch, Avenue Road, Bengaluru - 560 009.

Ph : 080-2234 0814, E-mail : sbeccsl@gmail.com, Website : www.sbmcreditsociety.com

To :

**The Chief Executive Officer,**

State Bank Employees' Co-operative Credit Society Ltd.,  
1st Floor, State Bank of India, Mysore Bank Circle Branch,  
Avenue Road, Bengaluru - 560 009.

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

Place : \_\_\_\_\_

Dear Sir'

**Refund of Compulsory Savings Fund**

**Share Certificate No.** \_\_\_\_\_

1) I have resigned from the membership of the State Bank Employees' Co-operative Credit Society Ltd., that my resignation has been accepted by the Society on \_\_\_\_/\_\_\_\_/\_\_\_\_. I enclose a and copy of the acceptance letter. **OR**

I have ceased to be the employee of State Bank of India with effect from \_\_\_\_/\_\_\_\_/\_\_\_\_ for the following reasons :-

- a) Retirement after superannuation, OR
- b) Voluntary Retirement, OR
- c) Resignation from the Bank, OR

d) Other reasons \_\_\_\_\_  
**(please specify)**

I enclose a copy of the relieving letter from the Bank.

2) I request you to please refund the balance held in my Compulsory Savings Fund Account with interest till the date of cessation of my service in the Bank after recovering the dues, if any, to the Society.

3) The proceeds may please be credited to my Savings Bank Account number as under :-

<b>Residential Address :</b>			
<b>A/c No.</b>		<b>Telephone No.</b>	
<b>Mobile No.</b>			
<b>Name</b>		<b>Designation</b>	
<b>Employee No.</b>		<b>Branch Code</b>	
<b>HRMS ID</b>		<b>Branch Name</b>	

I declare that the details/information furnished above, are true and correct.

Yours faithfully,

.....  
**Signature of Member**

For Office Use Only		
Share No. _____	CS No. _____	Date of Membership ____/____/____
Balance at credit as on date		₹. _____
Interest up to ____/____/____		₹. _____
<b>Total</b>		₹. _____
<b>LESS : Dues to Society</b>		₹. _____
<b>Net Amount to be paid</b>		₹. _____
<b>Prepared by</b>	<b>Checked by</b>	<b>Manager</b>
<b>Paid by Cheque No.</b> _____	<b>Dated</b> ____/____/____	<b>C.E.O</b>

**F4 - Application for Payment of Retirement Benefit**



Regd. No. 36 DR

Date : 06-03-1943

**THE STATE BANK EMPLOYEES' CO-OPERATIVE CREDIT SOCIETY LTD.,**

1st Floor, State Bank of India, Mysore Bank Circle Branch, Avenue Road, Bengaluru - 560 009.

Ph : 080-2234 0814, E-mail : sbeccl@gmail.com, Website : www.sbmcreditsociety.com

To :

**The Chief Executive Officer,**

State Bank Employees' Co-operative Credit Society Ltd.,  
1st Floor, State Bank of India, Mysore Bank Circle Branch,  
Avenue Road, Bengaluru - 560 009.

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

Place : \_\_\_\_\_

Dear Sir,

**Payment of Retirement Benefit**

**Share Certificate No.** \_\_\_\_\_

- 1) I have ceased to be the employee of State Bank of India with effect from \_\_\_\_/\_\_\_\_/\_\_\_\_ on account of retirement after reaching superannuation.  
I enclose a copy of the relieving letter from the Bank.
- 2) I request you to please release the Retirement Benefit as per rules of the Society after recovering the dues, if any, to the Society.
- 3) The proceeds may please be credited to my Savings Bank Account number as under :-

<b>Residential Address :</b>			
<b>A/c No.</b>		<b>Telephone No.</b>	
<b>Name</b>		<b>Designation</b>	
<b>Employee No.</b>		<b>Branch Code</b>	
<b>HRMS ID</b>		<b>Branch Name</b>	

I declare that the details/information furnished above, are true and correct.

Yours faithfully,

.....  
**Signature of Member**

<b>For Office Use Only</b>	
Share No. _____ Date of Membership ____/____/____	Date of Retirement ____/____/____
No. of years of Membership _____ X ₹. 200/- per year of membership <b>Or</b> 68% of the contribution with 5% interest whichever is higher DR. No. _____	₹. _____ ₹. _____ ₹. _____
<b>Amount Payable</b>	₹. _____
<b>LESS : Dues to Society</b>	₹. _____
<b>Net Amount to be paid</b>	₹. _____

<b>Prepared by</b>	<b>Checked by</b>	<b>Manager</b>	<b>C.E.O</b>
<b>Paid by Cheque No.</b> _____	<b>Dated</b> ____/____/____		

**F5 - Application for Payment of Shares, CSF & Death Relief Benefit**  
(Claim by Nominee/Claimants)



Regd. No. 36 DR

Date : 06-03-1943

**THE STATE BANK EMPLOYEES' CO-OPERATIVE CREDIT SOCIETY LTD.,**  
1st Floor, State Bank of India, Mysore Bank Circle Branch, Avenue Road, Bengaluru - 560 009.  
Ph : 080-2234 0814, E-mail : sbecsl@gmail.com, Website : www.sbmcreditsociety.com

To :

**The Chief Executive Officer,**

State Bank Employees' Co-operative Credit Society Ltd.,  
1st Floor, State Bank of India, Mysore Bank Circle Branch,  
Avenue Road, Bengaluru - 560 009.

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

Place : \_\_\_\_\_

Dear Sir,

**Payment of Shares, Compulsory Savings Fund & Death Relief Benefit**

**Share Certificate No. \_\_\_\_\_ Name : \_\_\_\_\_**

- 1) I/We regret to inform that the captioned employee working at State Bank of India whose details are furnished here below, expired on \_\_\_\_/\_\_\_\_/\_\_\_\_. The original death certificate is enclosed.
- 2) He/she was the member of State Bank Employees' Co-operative Credit Society Ltd., and holding shares and contributed to the Compulsory Savings Fund Scheme of the Society. The original share certificate is enclosed.
- 3) I/We further understand that as a member of the Society he/she was covered under the Death-cum-Retirement Benefit Scheme of the Society.
- 4) I/We have been nominated by the captioned member to receive the benefits from the Society. Accordingly, I/We request you to please release the balance held in Share A/c, CSF A/c and also the Death Relief Benefit as per the rules of the Society after deducting the dues, if any, to the Society by the said member.
- 5) The proceeds may please be remitted by your cheque to my following address or credit to my Savings Bank Account number as under:-

<b>Residential Address :</b>		
<b>A/c No.</b>	<b>Telephone No.</b>	<b>Mobile No.</b>

**WITNESS 1**

**WITNESS 2**

<b>Signature</b>	<b>Signature</b>
<b>Name</b>	<b>Name</b>
<b>Emp. No. &amp; HRMS ID</b>	<b>Emp. No. &amp; HRMS ID</b>
<b>Membership No.</b>	<b>Membership No.</b>
<b>Designation</b>	<b>Designation</b>
<b>Branch Name</b>	<b>Branch Name</b>

I declare that the details/information furnished above, are true and correct.

Yours faithfully,

.....  
**Signature/s of Nominee/s Claimant**

**Relationship :** \_\_\_\_\_

**P.T.O.**

### Details of Deceased Member

<b>Name</b>		<b>Designation</b>	
<b>Employee No.</b>		<b>Branch Code</b>	
<b>HRMS ID</b>		<b>Branch Name</b>	

### For Office Use Only

Share No. _____ Date of Membership ____/____/_____ Nomination Form No. _____	
Name of Nominee/s _____	
Share Balance	₹ _____
CSF Balance	₹ _____
CSF Interest	₹ _____
<b>TOTAL Amount payable</b>	₹ _____
LESS : Dues to Society	₹ _____
<b>Net Amount to be paid</b>	₹ _____
<b>Death Relief Benefit</b>	₹ _____
Prepared by _____ Checked by _____ Manager C.E.O	
Paid by Cheque No. _____	Dated ____/____/_____
Paid by Cheque No. _____	Dated ____/____/_____

F7 - Application for Issue of Duplicate Share Certificate



Regd. No. 36 DR

Date : 06-03-1943

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1st Floor, State Bank of India, Mysore Bank Circle Branch, Avenue Road, Bengaluru - 560 009.

Ph : 080-2234 0814, E-mail : sbeccsl@gmail.com, Website : www.sbmcreditsociety.com

To :

**The Chief Executive Officer,**

State Bank Employees' Co-operative Credit Society Ltd.,  
1st Floor, State Bank of India, Mysore Bank Circle Branch,  
Avenue Road, Bengaluru - 560 009.

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

Place : \_\_\_\_\_

Dear Sir,

**Issue of Duplicate Share Certificate**

I have remitted a sum of ₹ 100/- (Rupees One hundred only) vide Demand Draft/Office Account Cheque bearing No. \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_, favouring State Bank Employees' Co-operative Credit Society Ltd., drawn on SBI., Mysore Bank Circle Branch (40007).

I have also executed an indemnity in respect of the lost share certificate. I request you to please issue me a duplicate share certificate.

Yours faithfully,

.....  
**Signature of Applicant**

**Name of Applicant :** \_\_\_\_\_

**Encl :** Indemnity

<b>Residential Address :</b>			
<b>Name of Member</b>		<b>Designation</b>	
<b>Employee No.</b>		<b>Branch Code</b>	
<b>HRMS ID</b>		<b>Branch Name</b>	

**For Office Use Only**

**SUBMITTED**

We have received the indemnity bond and also the credit as mentioned above. We may issue duplicate share certificate.

**Chief Executive Officer**

APPROVED, Please report to the Board at its next meeting.

**President**

**ISSUED Duplicate Share Certificate on** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Issuing Clerk**

**Manager**

## **Letter of Indemnity with respect to Issuance of Duplicate Share Certificate**

In consideration of State Bank Employees' Co-operative Credit Society Ltd., issuing a duplicate of their Share Certificate No. \_\_\_\_\_ dated \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ favouring \_\_\_\_\_ ₹ \_\_\_\_\_, I hereby guarantee and agree to hold the State Bank Employees' Co-operative Credit Society Ltd., their successors and assigns harmless and indemnified from and against all consequences that may arise from their so doing and from payment of the original share certificate and from and against all losses, charges and expenses in connection with the said share certificate.

I also declare that no claim will be made by me on such lost share certificate.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

.....  
**Signature of Applicant**

<b>Name of Applicant :</b>
<b>Address :</b>

### **WITNESSES**

<b>01</b>	<b>Signature</b>		<b>02</b>	<b>Signature</b>	
	<b>Name</b>			<b>Name</b>	
	<b>Mem. No.</b>			<b>Mem. No.</b>	
	<b>Emp. No. &amp; HRMS ID</b>			<b>Emp. No. &amp; HRMS ID</b>	
	<b>Branch Name</b>			<b>Branch Name</b>	
	<b>Address :</b>			<b>Address :</b>	