The UCO Bank Employees' Co-operative Thrift & Credit Society Limited, MSCS/CR/42/94

328, Thambu Chetty Street, Chennai - 600 001. E-mail: ucosocietychennai@gmail.com

Mem.No.

Yours faithfully

Signature of the Member

_	AFFLICATION FOR I	MEMIDENSHIP
1.	Name of applicant (in Block Letter)	
2.	Father's Name / Husband's Name	
3.	P.F. No. / Emp. No.	Alexander de la constantidad de
4.	Permanent Address (in full Proof to be enclosed)	
5.	Date of Birth and Age	
6.	Department / Branch and Designation	
7.	Whether Temporary or Permanent	
8.	Total Salary (Enclose Photocopy of Final Last Pay Slip)	
9.	Is the applicant a member of any other Co-operative Credit Society and if so, the name of the Society and the indebtedness to the Society	
10.	Was he / she a member of the Society previously, if so furnish the date of closure and G.No.	
11.	Name of Nominee to succeed to the applicant's share or interest in the Society and relationship, D.O.B.	
12.	Salary CR A/c No.	
13.	Mobile No. & E-mail ID	
14.	Male / Female	
15.	SC/ST/OBC/GEN (For Govt. Statistical Purpose)	
*********	DECLARAT	ION
Soc	I hereby solemnly declare that all the above infany false statement in the above I may be proceeded by have been read by me and to be binding upon es to my salary account mentioned above through a set. AGREEMENT WIT	d against. I also declare that the by-laws of the me. I authorise the society to credit / debit any letter to the pay disbusing officer. Signature of the Applicant
То		
	e Secretary e UCO Bank Employees' Co-operative	
Th	rift & Credit Society Ltd. No. MSCS/CR/42/94, Che	nnai - 600 001.
Dea	ar Sir,	
and offi	In or loans, thrift deposits and other sums that may a payable by me to the society / being recovered by the cer for disbursing such salary. I herewith furnish and when necessary recoveries from my salary.	he Society from my monthly salary through the
tor	I agree that my pay disbursing officer (for the ti y make recoveries from my slary/wages in the mann the suspension of the recovery except with the ex ciety.	er mentioned above. I shall not at any time as
So	l agree that the above agreement is irrecovable ciety are fully discharged, whether as member or as	and it will be inforce until all my liabilities to the past member.

Specimen Signature of the Applicant:

Place:

Date:

Closure of Membership - Only After THREE YEARS REJOINING Only After Two Years of Closure of Memership

AGREEMENT WITH PAY DISBURSING OFFICER

The Manager UCO Bank,Branch			
Dear Sir,			
I,			
2. If I am transferred out of your jurisdiction I request and authorise yourself and the Society to communicate to my new pay disbursing officer a copy of this agreement and request and authorise him to make the recoveries. Thereupon the pay disbursing officer shall effect recoveries according to the demand list sent to him by the Society or yourself.			
	Yours faithfully		
Place:			
Date:	Signature of the Member		
MEMBERSHIP	PARTICULARS		
Employment particulars of Thiru / Tmt			
an applicant seeking admission as a member into the UCO Bank Employees' Co-operative Thrift and Cree Society, Ltd. MSCS/CR/42/94 Chennai-1.			
Date of appointment into Bank			
Designation and Branch			
3. Confirmation Date			
4. Whether Temporary or Permanent			
5. Salary Particulars : Pay :	D.A.: H.R.A.:		
C.C.A. :	Others: Total:		
6. Other Particulars if any			
Place:			
	EAL		
Date:	Signature of the Manager		
UNDERTAKING BY THE PAY DISBURSEMENT OFFICER			
To The Company			
The Secretary The UCO Bank Employees' Co-operative			
Thrift & Credit Society Ltd. No. MSCS/CR/42/94			
Chennai - 600 001.			
Dear Sir, We hereby agree that the above employee has been confirmaed on			
Date:	Yours faithfully,		
SEAL			
SEAL	Signature BH/ABH		