

**STATE BANK OF INDIA**  
**Staff Co-operative Society Ltd., No.X-342**

Regd. No. MSCSCR 36/87

Post Box No.152

**Chennai - 600 001**

Phone No. 044-2522 9476, 2522 9477, 2522 9478 Fax No. 044-2522 8555

**APPLICATION FOR MEDIUM TERM LOAN**

**TO BE FILLED IN BY THE APPLICANT**

1. Name (Block Letters) ..... G.No.
2. Designation ..... BRANCH
3. Basic Pay Rs..... D.A. Rs.....Service.....years.
4. Amount of Loan required Rs..... Period of repayment.....
5. Purpose of Loan \* **EDUCATION / HOUSE / FLAT / MEDICAL EXPENSES / VEHICLE**
6. Name of the Surety.....
7. I declare that I am not a member of any other Co-operative Credit Society and that the informations given above are true.
8. EMP. PF. INDEX No.  Mobile No.
9. Email ID : .....

Place : ..... Date : .....

**Signature of Applicant**

**TO BE FILLED IN BY THE SURETY**

1. Name (Block Letters) ..... G.No.
2. Designation ..... BRANCH
3. Basic Pay Rs..... D.A. Rs.....Service.....years.
4. Name of the Surety .....
5. I declare that I am not a member of any other Co-operative Credit Society and that the informations given above are true.
6. EMP. PF. INDEX No.  Mobile No. :
7. Email ID : .....

Place : ..... Date : .....

**Signature of Surety**

**Note :**

1. Salary Slip required                      3. Completed one year Membership in Society  
2. 24 Months Equal Instalments        4. Two Years of Bank Service

**★ MARK ✓ WHICHEVER IS APPLICABLE**

CERTIFICATE (Applicant)

This is to certify that Sri / Smt. .... is a Permanent Employee of the State Bank of India ..... Branch

Designation : ..... P.F. No. : .....  
Date of Birth : ..... Date of Retirement : .....  
Date of Appointment : ..... Period of Service : .....  
Basic Pay : Rs. .... Dearness Allowance : Rs.....  
Gross Salary : Rs. .... Net Salary : Rs. ....

We hereby agree as per his / her authorisation dated ..... to deduct from his/her salary so long as he/she is in SBI service every month his / her dues to your Society as per the demand from the Society and remit the same to you.

Place : ..... Pay Disbursement Officer  
Date : ..... Signature with Office Seal

CERTIFICATE (Surety)

This is to certify that Sri / Smt. .... is a Permanent Employee of the State Bank of India ..... Branch

Designation : ..... P.F. No. : .....  
Date of Birth : ..... Date of Retirement : .....  
Date of Appointment : ..... Period of Service : .....  
Basic Pay : Rs. .... Dearness Allowance : Rs.....  
Gross Salary : Rs. .... Net Salary : Rs. ....

Place : ..... Pay Disbursement Officer  
Date : ..... Signature with Office Seal

RECEIPT

RECEIVED from the Secretary, State Bank of India Staff Co-operative Society Limited, No.X-342, Regd.No. MSCSCR 36/87, Chennai - 1 the sum of Rupees ..... being the amount of loan granted to me, on .....

--	--	--	--	--	--	--	--	--	--

Please Credit the Loan Amount to my Bank A/c. No. .... with SBI ..... Branch

★ Rs .....

Signature of the Borrower

State Bank of India Staff Co-operative Society Ltd., No.X-342 Regd. No.MSCSCR 36/87, Chennai - 600 001	
ON DEMAND we jointly and severally promise to pay the Secretary, State Bank of India Staff Co-operative Society Ltd., No.X-342, Regd. No.MSCSCR 36/87, Chennai - 1, the sum of Rupees..... together with interest at ..... percent per annum in vogue for value received in Cheque on .....	
★ Rs. ....	Borrower's Signature.....
Witness :	Borrower's Name.....
1.	Residential Address.....
	.....
2.	Surety's Signature.....
	Surety's Name.....
	Residential Address.....
	.....

★ Note : Witness Signature, Name and Branch

AUTHORISATION

I append a letter addressed to the State Bank of India, authorising them to pay to the State Bank of India Staff Co-operative Society Ltd., No.X-342, Regd. No.MSCSCR 36/87, Chennai-1, out of the amount at Credit in my Provident Fund Account or any other amount whatsoever due and payable to me or to my legal heir or heirs or to my nominee all such sum as may be claimed by the said Society as due by me to the said society. To facilitate any recovery of dues as aforesaid, I do hereby authorise the Secretary of the said society to claim the recovery of the full amount that may be due by me at the time of my ceasing to be a member of the society due by retirement, voluntary or otherwise.

Signature of the Borrower

LETTER OF AUTHORITY

The Chief General Manager  
STATE BANK OF INDIA  
Local Head Office  
Chennai / Thiruvananthapuram.

Date.....

I hereby authorise you to deduct from the balance standing to my credit of the Provident Fund Account due and payable to me and / or any other amount whatsoever due and payable to me a sum of Rs..... (Rupees.....) and pay the amount to the STATE BANK OF INDIA STAFF CO-OPERATIVE SOCIETY LTD., No.X-342, Regd. No.MSCSCR 36/87 Chennai -1, whose receipt shall be a sufficient discharge. The remaining amount may be paid to me as per separate instruction by letter.

I hereby declare that this authority shall not be revoked by me without the written consent of the Bank.

Surety's Signature.....  
Name.....  
Designation.....  
Address.....  
.....

Member's Signature.....  
Name.....  
Designation.....  
Address.....  
.....

WITNESS :

Signature.....  
Designation.....  
  
Address.....  
.....  
.....  
.....

Nominee's Signature.....  
Nominee's Name.....  
(Block Letters)  
Relationship.....  
Residential Address.....  
.....



## KNOW YOUR SOCIETY

**SBI STAFF CO-OPERATIVE SOCIETY LTD., No.X-342**

**Regd. No. MSCSCR 36/87**



With immense pleasure and pride, we like to inform our Staff Members of SBI that our SBI Staff Co-operative Society came into existence with effect from **5th July 1955** and commenced its operations with the sole aim **“All for each & Each for all”** keeping the principle of Co-operative movement. With the unstinted and continued support of the members, our Society crossed more than 6½ decades and sure of celebrating its **Platinum Jubilee** in the next few years.

*To highlight and acquire knowledge, we summarise below the salient features of our Society.*

### **MEMBERSHIP (SBI Staff Only) :**

To become a member, an Admission fee of Rs.11/- (to be remitted in **A/c.No.10885905815**) by following the pre-admission formalities.

### **THRIFT FUND SUBSCRIPTION :**

On becoming the member, he/she has to necessarily pay a total sum of Rs.1,150/- per month towards **Rs.1,000/- Thrift Fund & the interest thereof is @ (6.5% per annum)** Rs.50/- Family Benevolent Fund (9% interest per annum) and Rs.100/- Surety Relief Fund.

### **THRIFT INTEREST AND DIVIDEND :**

Every year we are crediting Thrift interest and Dividend to the Members' account.

### **LOANS :**

LOANS	MAX AMOUNT	RE-PAYMENT PERIOD	RATE OF INTEREST
MAIN LOAN	Rs. 5,00,000/-	200 Monthly Instalments	9%
MEDIUM TERM LOAN	Rs. 1,00,000/-	24 Monthly Instalments	8.5%

### **FIXED DEPOSIT :**

DAYS	ROI
46 to 90	5.00%
91 to 179	5.50%
180 to 364	6.50%
365 days & above	8.00%

### **MAIN LOAN ELIGIBILITY CONDITIONS :**

Completed years of Service in the Bank	Max Loan Amount	Monthly Recovery
1 year	Rs. 1,00,000/-	Rs. 2,420/-
2 years	Rs. 2,00,000/-	Rs. 3,680/-
3 years	Rs. 3,00,000/-	Rs. 4,950/-
4 years	Rs. 4,00,000/-	Rs. 6,210/-
5 years	Rs. 5,00,000/-	Rs. 7,500/-

### **RETIREMENT AWARD :**

A Retirement Award will be given to members as follows

Period of Membership	Amount
< 60 Months	-Nil-
> 61 Months 120 Months	Rs.3,000/-
> 121 Months 180 Months	Rs.5,000/-
> 181 Months	Rs.7,500/-

### **FAMILY BENEVOLENT FUND ASSISTANCE SCHEME :**

In the event of the Death of the subscriber, the Nominee / Legal heirs will receive an Assistance of Rs. 20,000/- under this scheme

1. Below one year - Rs.5,000/-
2. Above one year and below two years - Rs.10,000/-
3. Above two years - Rs. 20,000/-

### **SURETY RELIEF FUND :**

The surety relief fund is a welfare measure for the family of the deceased member so as to relieve the surety's liability to the Society.

1. Death of Member
2. Dismissal of Service
3. Termination of Service
4. Absconding from Service
5. Voluntary Cessation of Service

For Application and other details

**STATE BANK OF INDIA STAFF CO-OPERATIVE SOCIETY LTD., No.X-342**

**Regd. No. MSCSCR 36/87**

No.34/9, Second Line Beach, 2nd Floor, Chennai - 600 001

Tel. 044 - 2522 9478, Fax : 044 - 2522 8555 E-mail : [sbisocx342@gmail.com](mailto:sbisocx342@gmail.com)