

To,
The Secretary,

THE A.B.E. CO-OPERATIVE BANK LTD.

Bank Street, HYDERABAD - 500 095. A.P.

**Application
for
Membership**

Sir,

As I am a confirmed employee of the Andhra Bank I request you to admit me as a member of your Bank and allot me..... shares of Rs. 10/- each therein. I undertake full liability for the shares taken by me. I agree to pay an entrance fee of Rs..... if I am admitted as a shareholder. I shall abide by the existing bye-laws and those that may be amended hereafter. I certify that I am not a member of any other Co-operative Credit Society and I also certify that I have not applied to be adjudicated a bankrupt or an insolvent nor am I an uncertificated bankrupt or undischarged insolvent. I further certify that I have not been expelled from membership of any Co-operative Society under the provisions of its bye-laws during the period of two years preceding this date.

I hereby agree and undertake to subscribe so long as I continue to be a member of the Bank every month towards Thrift Deposit and Members Mutual Benefit Fund of the Bank as per the scale laid down in bye-laws and abide by the rules framed thereunder.

I enclose herewith two Agreements, one in favour of your Bank and the other in favour of the Officer disbursing salary as required by the bye-laws of the Bank, nomination & Recovery of Loan amounts from Terminal Benefits.

Name in full (in block letters)					
Father / Husband's Name					
Religion		Age	Years	Date of Birth	
Basic Pay	Rs.	Date of Joining in the Service of Andhra Bank			
Confirmed in the Bank's service on			Staff Code No.		
Designation :		Branch			
Residential Address					
Was the applicant a member of this Bank previously ?					
If so, when did he resign his membership ?					
Does the applicant possess a house within the area of operation of the Co-op. Bank					
Particulars of D.D.No. Amount, Date					

I hereby declare that the above particulars are true and correct.

Encl : 2

Yours faithfully,

Place _____

Signature of the Applicant.

Date _____

Forwarded to the Secretary, The Andhra Bank Employee's Co-op. Bank Ltd. Hyderabad for doing the needful.

Place _____

For Andhra Bank

Date _____

Manager.

TO BE FILLED UP AT THE CO-OP. BANK'S OFFICE :

Admission Number and date	
Distinctive number of shares allotted	
Remarks	
Signature of the Secretary	

Note :- DD for Rs. 11/- should be enclosed.

The. A. B. E. Co-operative Bank Ltd.,
Regd. & Central Office,
Hyderabad - 500 095. A.P.

I, _____ son of / wife of _____
 _____ member Admission No. _____ of
 the, THE ANDHRA BANK EMPLOYEES' CO-OPERATIVE BANK LTD., Staff Code No. _____ of
 Andhra Bank do hereby nominate the following as the person / persons to whom my Share Capital or Interest in
 the capital of the Andhra Bank Employees' Co-operative Bank Ltd., shall be transferred or the value thereof or
 any other sum payable to me shall be paid in the event of my death.

Sl. No.	Name of the Nominee	Age on the date of nomination	Relationship to the member	Occupation	address
1.					
2.					
3.					
4.					

As witness whereof, my hand, this _____ day
 of _____

1. Signature of witness
 Name and Address

Signature of Shareholder
 (Admission No. _____)

2) Signature of witness
 Name and Address

Attested
For ANDHRA BANK

Manager
Branch

To
The General Manager,
Andhra Bank,
Central Office,
HYDERABAD.

Dear Sir,

Reg. : RECOVERY OF LOAN AMOUNTS FROM TERMINAL BENEFITS :

I have taken a loan from Andhra Bank Employees' Co-operative Bank Ltd., and authorised the Manager, ANDHRA BANK _____ branch, to recover all / or any instalment of Share Capital, loan or loans and all other sums that may from time to time and at any time become due/payable by me to the said Bank from my monthly salary and pay such sum or sums to the said Bank towards the instalments of Share Capital, loan or loans or other sums that be due payable by me to the said Bank.

I also hereby authorise you in the event of my retirement, voluntary or otherwise, death or my ceasing to be in service for any reasons whatsoever, to deduct from the balance standing to my credit in the P.F. Account due to and available to me or to deduct from any other amount whatever due and payable to me the sum not exceeding Rs. _____, and interest accrued thereon and pay the amount to the Andhra Bank Employees' Co-operative Bank Ltd.,

I hereby agree and declare that a demand from an authorised representative of the said Bank certifying to be correct and due by me would be sufficient proof of my liability and receipt passed by the said Bank shall be sufficient to discharge you from payment of the amount to me.

I hereby further declare that this authority shall be irrevocable.

Yours faithfully,

Witness :

SIGNATURE.

1.

Name :

SIGNATURE

Admn.No :

2.

Name :

SIGNATURE

Admn.No :

To,
The Secretary,
THE A.B.E. CO-OPERATIVE BANK LTD.
Bank Street, HYDERABAD - 500 095. A.P.

**Agreement
with
the Bank**

Dear Sir,

I _____ agree to the Installments of Share Capital, loan or loans and all other sums that may at any time and from time to time become due and payable by me to the Bank being recovered by the Bank from my monthly salary / subsistence allowance through the Officer for time being disbursing such salary. I herewith furnish an agreement authorising such officer to effect, as and when necessary, recoveries from my salary / Subsistence Allowance or from any other amounts due from Andhra Bank to me.

Yours faithfully,

Place :

Date :

Signature of the Applicant.

To,
The Manager,
Andhra Bank,

**Agreement
with pay
Disbursing Officer**

Dear Sir,

I _____ have applied for admission as a member of The Andhra Bank Employees' Co-operative Bank Ltd., hereby authorise you to recover all or any instalment of share capital, loan or loans and all other sum that may from time to time and at any time become due/payable by me to the said Bank from my monthly salary / subsistence allowance and pay such sum or sums to the said Bank towards the instalment of share capital, loan or loans or other sums that may be due and payable by me to the said Bank. I agree to accept, as sufficient evidence of my liability, a demand from an officer of the said Bank certified by him to be correct. I agree that you may make recoveries from my salary / Subsistence Allowance or any other amounts due from Andhra Bank to me, in the manner above mentioned so long as I continue to be a member of the A.B.E. Co-op Bank.

Yours faithfully,

Place :

Date :

Signature of the Applicant.