



# THE ANDHRA BANK EMPLOYEES' CO-OPERATIVE BANK LTD.

Regd. & Central Office : Bank Street, Koti, Hyderabad 500 095

Ph: 24757022 / 24756316, Fax: 040-24756972

Branch \_\_\_\_\_

## APPLICATION FOR LOAN

Loan required ✓ Tick whichever is applicable	Long Term Loan <input type="checkbox"/>	Medium Term Loan <input type="checkbox"/>	Contingent Loan <input type="checkbox"/>
Seperate application to be submitted for each loan			75,000 Substaff
Loan Amount (Maximum)	Rs. 1,50,000/-	Rs. 1,00,000/-	1,50,000 Clerk 2,00,000 Officers

**Note :- For Each Loan Separate Application should be submitted.**

To  
The Secretary,  
The A.B.E.Co-op. Bank Ltd., Hyderabad.

PARTICULARS OF THE APPLICANT												
ADMISSION NO.												
NAME IN FULL												
FATHER'S / HUSBAND'S NAME												
DESIGNATION												
DATE OF BIRTH												
DATE OF JOINING IN ANDHRA BANK												
DATE OF CONFIRMATION												
RETIREMENT DUE ON												
BRANCH CODE												
NAME OF THE BRANCH												
BASIC PAY RS.												
SPL. ALLOWANCES												
NET SALARY												
STAFF CODE NO.												
RESIDENTIAL ADDRESS :												
IF MARRIED, NAME OF THE SPOUSE												
IF SPOUSE IS EMPLOYEE, PARTICULARS OF EMPLOYEMENT AND DESIGNATION AND ADDRESS PARTICULARS												
COD / SALARY / A/c. NO. : (for crediting loan amount)												
CELL PHONE NO.:												
E-mail ID												

2. PURPOSE OF LOAN : Housing / Medical / Ceremonial / Consumption ( Tick your option)

(Note : If purpose is for Housing, give details of proposed expenditure :

Purchase / Construction / Repair / Renovation / Take over / \_\_\_\_\_ (Tick your option)

& House Door No. \_\_\_\_\_ Location \_\_\_\_\_)

3. AMOUNT OF LOAN REQUIRED (Rs.)

4. Repayable in Monthly Instalments

LTL →	12	18	24	30	36	42	48	54	60
	66	72	78	84	90	96	102	108	120
MTL →	12	18	24	30	36	42	48	54	60
CGL →	12	18	24	30	36	42	48	54	60

I, \_\_\_\_\_ the applicant herein authorize and agree to allow the Pay Disbursing Officer of my employer, i.e., Andhra Bank to deduct from my salary / subsistence allowance, the dues of your co-operative bank every month as per the Agreement (Bond) entered into with them (Andhra Bank). I also agree that you may recover in one lump any sum due to your Co-operative Bank from my terminal benefits or other sums payable to me from my employer whenever they become payable. I further agree and authorize to recover any dues from the personal properties of my own in case my terminal benefits are not sufficient to repay the said dues".

I request that necessary shares for drawing the loan may be allotted to me and the amount may be adjusted from the loan amount., You may collect other amounts also if any.

I declare that the information supplied above is correct to the best of my knowledge and this proposal will form the basis of the agreement between the Bank and my self, if the loan is granted.

Place :

Date

[Signature Box]

Signature of the Applicant  
The applicant is working at our Branch  
Signature of employee is  
**ATTESTED**  
For Andhra Bank

[Signature Box]

Office Seal

Branch Manager  
Signature No.  
(MANDATORY)

Enclosures : Latest Salary Slip Original / attested copy. (Mandatory)

### DEMAND PROMISSORY NOTE

Rs. \_\_\_\_\_

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

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

On Demand I promise to pay at Hyderabad to the Andhra Bank Employees' Co-operative Bank Limited, Hyderabad, or order, the sum of Rupees \_\_\_\_\_ together with interest on such sum from this date at \_\_\_\_\_ percent per annum with Monthly / Quarterly / Half-yearly rests for value received.

Re 1/-  
Revenue  
Stamp

\_\_\_\_\_  
(BORROWER)

**THE ANDHRA BANK EMPLOYEE'S CO-OPERATIVE BANK LTD.,  
HYDERABAD.**

**MEMBER/BORROWER LOAN BOND**

Loan Bond executed this \_\_\_\_\_ day of \_\_\_\_\_ by (1) Borrower  
Member with

Admission No. \_\_\_\_\_ Son/Daughter/Wife of \_\_\_\_\_

Aged \_\_\_\_\_ years profession : service (A permanent employee of Andhra Bank)  
residing at \_\_\_\_\_

2. I, namely (borrower) \_\_\_\_\_ have received from  
the said Bank, a loan of Rs. \_\_\_\_\_ (Rupees  
\_\_\_\_\_ for (purpose)

\_\_\_\_\_ I promise and undertake to repay  
the said amount with interest at \_\_\_\_\_ percent per annum in \_\_\_\_\_ Monthly Installments  
commencing from \_\_\_\_\_ (each instalment being payable on or before the  
10th of the month succeeding to which it relates). I undertake to repay this loan before \_\_\_\_\_. If I  
fail to pay any instalment of loan or interest, I bind myself to pay additional interest at \_\_\_\_\_ percent  
per annum from the date of default to the date of payment. I further agree that for default of payment of  
instalment(s) of loan or interest, the Bank may preclose the loan account and proceed to recover the  
amount legally with interest at \_\_\_\_\_ percent per annum on the total amount of Principle and  
Interest, and interest thus due from date of closing the Loan Account to the date of recovery of the amount  
in full, together with costs etc., the Bank may incur therefore from the monthly Salary/subsistence  
allowances, or terminal benefits payable to me or from properties belonging to me.

I further hereby agree and authorize to recover any dues including the above said loan amount with interests  
from the personal properties of my own in case the terminal benefits are not sufficient to the said dues.

3. I agree to abide by the Bye-laws and rules of the Bank now in force and those that may be amended  
or enacted hereafter from time to time.

Witness (Shall be the member of Staff) (MANDATORY)

1) Signature _____	2) Signature _____
Name _____	Name _____
Occupation _____	Occupation _____
Staff Code No. _____	Staff Code No. _____

**BORROWER'S  
SIGNATURE**

**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 on the Share 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
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1.					
2.					

As witness whereof, my hand, this \_\_\_\_\_ day of  
Two thousand and \_\_\_\_\_

1) (Signature of witness) Staff Code No. _____	2) (Signature of witness) Staff Code No. _____	(Signature of Shareholder) Admission No. _____ Staff Code No. _____
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Place :  
Date :

**ATTESTED**  
For ANDHRA BANK

OFFICE SEAL

Branch Manager

To

The General Manager  
Andhra Bank  
Central Office  
Hyderabad.

Dear Sir,

Reg. Recovery of loan amounts from my Terminal Benefits :

I am a member of the Andhra Bank Employees' Co-operative Bank. I have availed loans under various schemes of the Bank from time to time as per the rules applicable and authorize you 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 instalment of Share Capital, loan or loans or other sums that may be due payable by me to the said bank.

I also hereby authorize you in the event of my Resignation, Retirement Voluntary or otherwise, death or my ceasing to be in service of Andhra Bank for any reasons whatsoever, to deduct from the balance standing to my credit in the P.F. account, Gratuity, Commuted portion of Pension or Pension due to and available to me or to deduct from any other amount whatever due and payable to me by Andhra Bank and pay the amount to the Andhra Bank Employees Co-operative Bank Ltd.,

I hereby agree and declare that a demand from an authorized representative of the said bank, certifying the amount 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 authorization shall be irrevocable.

Yours faithfully

Place :

Date :

SIGNATURE OF THE BORROWER

Name :

Staff Code No. :

Admn. No. :

Witness (I) :

1. Name :

2. Signature :

3. Staff Code No. :

Witness (II) :

1. Name :

2. Signature :

3. Staff Code No. :