



**THE MAHARASHTRA MANTRALAYA AND ALLIED  
OFFICES CO-OPERATIVE BANK LTD.**

MANTRALAYA, MUMBAI - 400 032.

**APPLICATION FORM FOR MEMBERSHIP**

Photo

**Note :** Application should be written in own hand by the Applicant Typed application will not be accepted.

1. Name of the Applicant in Full : \_\_\_\_\_  
(in BLOCK letters beginning with Surname)
2. (a) Residential Address : \_\_\_\_\_  
\_\_\_\_\_ Tel. No. \_\_\_\_\_
- (b) Postal Address of Permanent Native Place : \_\_\_\_\_
3. Name of the present Department / Office : \_\_\_\_\_  
\_\_\_\_\_ Tel. No. \_\_\_\_\_
- (a) Name of the Permanent Department : \_\_\_\_\_
4. Designation & Class of Service : \_\_\_\_\_
5. Whether Services are transferable : \_\_\_\_\_
6. Date of Birth : \_\_\_\_\_ Date of Superannuation : \_\_\_\_\_
7. Present Pay & Pay Scale : \_\_\_\_\_
8. (a) Total length of Service in the present post : \_\_\_\_\_
- (b) Date of Appointment in Government Service : \_\_\_\_\_
- (c) Particulars of Total Services : \_\_\_\_\_
9. (a) Are you Permanent in the Service? \_\_\_\_\_
- (b) If not, is the post of which you \_\_\_\_\_  
were recruited on initial appointment \_\_\_\_\_  
comes under the purview of the \_\_\_\_\_  
Public Service Commission? \_\_\_\_\_
- (c) Are you P. S. C. selected? \_\_\_\_\_
- (d) If not, please state the mode of the recruitment \_\_\_\_\_
10. (a) Were you a member of this Bank before? \_\_\_\_\_
- (b) If so when resigned? \_\_\_\_\_
- (c) Reasons for resigning : \_\_\_\_\_
11. Do you have a Saving Account with this Bank? If so give the Account No. \_\_\_\_\_

I desire to be a anrolled as a member of **THE MAHARASHTRA MANTRALAYA & ALLIED OFFICES CO-OPERATIVE BANK LTD.** and propose to subscribe for Ten shares. I send herewith Entrance Fee of Rs. 50/- plus Rs. 1000/- towards the Shares. I undertake to obtain prior permission of the Bank in case I desire to be member of any other Co-operative Credit Society of Bank. I have read and hereby agree to abide by the Bye-laws and Rules of the Bank now in force or as may be modified or altered from time to time.

Date : The

Signature of the Applicant

Certified that the information furnished by the Applicant as above is correct as per the record of this Office/ Department.

Signature :

Designation :

Telephone No.:

May be Admitted / Rejected

Accountant / Branch Manager / Manager

(Office / In Charge of the Establishment)

Membership Accepted / Rejected in Board meeting held on \_\_\_\_\_

In the event of may deputation. allotment and transfer to any other Departments of the Government of separate Body. I will inform the Bank immediately in writing.

I will inform the Bank in writing forth with regarding my removal, reduction in rank, dismissal / discharge or termination of my service.

I will not tender resignation of my service under Government or seek relief from my present service to take up another employment without entirely repaying my loan and such other amount I may owe to the Bank.

Signature of the Applicant

I \_\_\_\_\_ the undersigned, give to the Drawing & Disbursing Office of my Deptt./Office/Head of Deptt. irrevocable power and authority to deduct every month from the Monthly Salary & other allowances earned by me during my employment in the Government all dues payable by me as a member of **THE MAHARASHTRA MANTRALAYA & ALLIED OFFICES CO-OPERATIVE BANK LTD.** either by way of subscriptions. Repayment of loan, interest penalty, guarantee or otherwise and to pay the same to the said Bank.

In the event of my discharge / resignation from the Government service / retirement / or absence due to illness, unsound mind, death accidental or otherwise/or on a written request by the Bank, I authorised the aforesaid authority to deduct the entire amount due the payable to the Bank from my salary / D.A./bonus/pension/ gratuity / termination allowance / or unclaimed dues in respect of any of the above in single installment.

Dated at Mumbai this \_\_\_\_\_ day \_\_\_\_\_ 20

Witness Signature :

Name : \_\_\_\_\_ A/c. No. \_\_\_\_\_

Signature of the Applicant

Department :

Department \_\_\_\_\_

### **N O M I N A T I O N**

I hereby nominate the person/s mentioned below and confer on him/her/them the right to receive the amount of share money and such other amount at my credit in the event of my death to the extent specified against him / her / them.

<b>Name &amp; Address of Nominees 1</b>	<b>Relationship with Member 2</b>	<b>Age 3</b>	<b>Extent to which amount of share money is receivable 4</b>

Signature of Witness

Signature of the Applicant

#### **FORM 'K'**

Declaration under Rule 45 (1)

I, \_\_\_\_\_ am/have become a member of more than one credit society name of which are given below :

\*W 1 \_\_\_\_\_

\*W 2 \_\_\_\_\_

\*E 3 \_\_\_\_\_

I do hereby declare as required by Rule 45 of the Maharashtra Co-operative Society Rules 1961, that I shall borrow only from **The Maharashtra Mantralaya & Allied Offices Co-Op. Bank Ltd.**

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

Signature of Withess

Signature of the Applicant

**\* Here insert the name of society**