From (Full name)					
Designation					
Address :- C/o. State Bank of India	Br.				
	Date :				
To The State Bank of India Staff Multipurpose Co-Operative Society Ltd. C/o. State Bank of India, H.G.Basak Road,	Membership No.M/				
Paradise Chowmuhani, Agartala.	· ·				
M.T. LOAN/SHORT TER	Phone-0381-2303809 <b>M LOAN</b>				
Dear Sirs,					
In terms of Section 51 of the Tripura Co-operative soc 	ne State Bank of India hereby authorise ne by the State Bank of India a sum of				
undertaken to repay the loan taken by me from the Stat operative Society Ltd. in term of the bond executed by me	g the monthly instalment by which I have te bank of India Staff Multipurpose Co- on the				
I hereby agree and declare that I shall not be entitled the whole of my debt to the State Bank of India Staff Multipurp					
Witness:-	Yours faithfully,				
Signature	(0) and an in (11)				
Full Name Occupation	(Signature in full) Name				
Address	P.F. No				
	Date of birth				
	Mobile No				
(Members only)	Salary A/C No				
	Branch				
ATTESTED BY ME  1. For S.B.I. Staff Association / SBI Officer Associatio					
Secretary Branch	1				
2. For State bank of India Staff Multipurpose Co-Oper	rative Society Ltd.				
Branch Fax No	SECRETARY SBI Staff Multipurpose Co-Operative Society Ltd.				

N.B.: Submit Last Month Salary Slip

## State Bank of India Staff Multipurpose Co-operative Society Ltd.

C/o. State Bank of India

Agartala Branch, H.G.BasakRoad, Agartala-799001, Tel-0381-2303809

The Secretary SBI Staff Multipurpose Co-operative Society Ltd. Agartala - 799001.

Sub: Application for M.T. / S.T. Loan	Application for M.T. / S.T. Loan					
Applicant Name:						
SBI, Branch with code	SBI, Branch with code					
Salary A/C No.						
Basic Salary Rs.						
ServiceYears						
Dear sir,						
I am in urgent need of money for the purpose of	and shall be glad if you					
kindly grant me a loan of Rs(Rupees _	) only					
which will be repaid by EMI of Rs with in	terest @% per annum and the instalment with interest will					
be deducted by the Society rom my Salary Account paid b	y the <b>State Bank of India</b> .					
I have read the rules and resolutions taken and I agree to	abide by the some. Dated day of20					
Witness:-						
Name	Full Signature (Applicant)					
(in block letters)						
Designation	Name :					
Membership No.	Designation					
SBI, Branch	Membership No					
Date :/20	Mobile No.					
	or the above loan and bind ourselves to make payment of the loan may be detemined by the society in the event of death/dismisses					
Full Signature (Applicant)	Signed in the presene of Witness					
Name :	1. Name					
SBI, Branch with Code	( in block letters)					
Membership No						
	SBI, Branch					
Certified that	2. Name					
the applicant's statement is correct.	( in block letters)					
	Membership No					
	SBI, Branch					
Secretary	3. Name					
SBI Staff Association, SBI Officer's Association	( in block latters)					
*Member of the Managing Committee of the Society	Membership No.					
SBI. Branch	SBI, Branch					

<sup>\*</sup>Delete if not applicable

## **Declaration of Assets & Liabilities:**

( A member applying for loan have to furnish these statement )

a.	Property		: Rs				
٥.	Debts		: Rs				
c.	Annual income per annum		: Rs				
d.	Annual expenditure including instalment of princ and interest on prior loan from Co-op Society, if any)		: Rs				
e.	Available surplus for repayr the loan applied for	nent of	: Rs				
l here	by affirm that my total prese t.	nt indeb	tedness ·	to the socie	ty and o	other parties as	stated above is
Date :	/20					Full Signatur	e of Applicant
		F	or Office	use only			
	Loan Sanctioned	: Rs.					
a.	Less cost of shares	: Rs.					
b.	Personal Guarantee fund						
c.	Other dues if any						
	Previous loan outstanding						
d.	Total recovery	: Rs.					
	Total Amount payable						
	Loan Disburshed on						
	Vide Cheque No.						
	for Rs.						
Date :	/20					Secretary	_
						Secretary	

SBI Staff Multipurpose Co-operative Society Ltd.
Agartala.

## FORM OF DECLARATION

## State Bank of India Staff Multipurpose Co-operative Society Ltd.

C/o. State Bank of India

Agartala Branch, H.G.Basak Road, Agartala-799001

I hereby authorise the State Bank of India, its successors and assignees to recover monthly installments from my salary and the outstanding balance of the loan taken by me from the State Bank of India Staff Multipurpose Co-operative Society Ltd., Agartala, from the Provident Fund and Pension Fund moneys Gratuity etc. Payable by the bank to me at the termination of my service with the bank due to retirement or resignation or dismissal or to my nominee or my legal heir(s) in the event of my death and pay the amount to the State Bank of India Staff Multipurpose co-operative Society Ltd. Agartala on being advised by them of the actual amount recoverable.

I hereby declare that any objection raised by me or in the event of my death by my nominee or legal heir(s) to pay out of my provident fund & Pension Fund money, Gratuity etc. the outstanding due to the Society for the loan taken by me will not be tenable and that the bank will be within its right to pay the Provident Fund, Pension fund & Gratuity etc. to me or to my nominee or my legal heir9s), as the case may be, after deducting there from the dues of the Society.

I further declare that this authority shall not be revoked by me without the written consent of the State Bank of India Staff Multipurpose Co-operative Society Ltd. Ag vtala.

Signature in the Presence of :-  Signature  Name (in block letters	ATION				
Signature					
Name					
(in block letters	Full Sig./L.T.Impression of Borrower with date				
Designation	Name				
P.F. No	P.F. No				
SBI, Branch	Designation				
Date :/20	Date of Birth				
	Branch/Office with Code				
	Mobile No.				
SBI Staff Multipurpose Co-operative Society L'C/o. State Bank of India Agartala Branch Dear Sir, We certify that Shri/Smt					
	s establishment. His/her date of joining the Bank of				
	is / her present basic pay is Rs				
(Rupees	) only.				
There is no disciplinary proceedings pending agai	inst him.				
	of monthly instalments from his/her salary towards a loan same to you towards liquidation of the outstandings.				
Date, the					
	Branch Manager/Chief Manager/Asstt. General Manager State Bank of India				
	Branch/Office with Code				
	Branch Fax No				