

SPECIAL SHORT TERM LOAN APPLICATION LOAN
FOR PURCHASING ELECTRONIC GOODS / MEDICAL TREATMENT / EDUCATION
FRESH / RENEWAL

Please attach a Xerox copy of latest Pay Slip

The Administrative Officer
State Bank of India Staff Association Co- operative Society Ltd.
11, Abdul Hamid St., Kolkata – 700 069

Date of birth
Date of Appointment.....
PF Index
S.B. A/C No.....
Signature

Dear Sir,

I am in urgent need of money for Payment of Examination fees for Children / Emergent Medical Expenses / Payment of Life Insurance Premium / Purchase of books for children / Liquidating Petty Bazar Debts and shall be glad if you will grant me loan of Rs..... Rupees.....) to be repaid by monthly instalments by deduction from my salary paid by the State Bank of IndiaBranch

I have read the rules and I agree to abide by the same.

Dated, the..... day of..... 200

Yours faithfully,

SURETY

I, the undersigned, agree to stand surely for the above loan and bind myself to make payment of the loan together with interest (in such a manner as may be determined by the Bank) in the event of Shri.....'s death, dismissal or otherwise refusing/failing to make payment.

.....
(Signature In full)

Dept./Branch

Signed in the presence of:

Witness.....

(NAME IN BLOCK CAPITAL)

Dept/ Branch.....

Date.....

Signature of Surety & Witness attested.

Unit Secretary / Representative

(Seal)

Date:

Dept. / Branch

Date

.....
(Name in Block Capital)

.....
(Signature in full)

Father's Name.....
Dept./Branch.....
Basic Salary: Rs.....
Period of Service..... Years..... Months

FOR OFFICE USE ONLY

Original Sp. Short Term Loan Rs.....
Present Balance of Sp.S.T.
Loan Rs.....
R.B. Fund Deduction
@ Rs.....

Checked & Found correct

May be sanctioned for Rs.....

Head Clerk

Certified that Basic Salary & Length of service of the Applicant as noted in the application is correct.

Recommended Sanctioned

Signature of the Branch Manager / Head of the office
STATE BANK OF INDIA.....

CHAIRMAN / SR.VICE CHAIRMAN /
V.C. / A.O.

Date of Sanction.....

Seal

Date:

LETTER OF AUTHORITY

To
The Branch Manager/Chief Manager/Chief Accountant/D.G.M
State Bank of India
State Bank of India
.....Branch/Department

Full Name.....
(IN BLOCK LETTER)
Designation.....
State Bank of India.....
Dated.....

STATE BANK OF INDIA STAFF ASSOCIATION CO-OPERATIVE SOCIETY LTD.
11, ABDUL HAMID STREET, KOLKATA – 700 069
Deduction (Monthly) from salary of account on SHORT TERM LOAN

Dear Sir,

Under the provisions of Section 58 of the Multi State Co-operative Societies Act. 1984, I hereby authorise and request you to deduct from my salary and Allowances (Wages) or Subsistence Allowance in case of suspension and to pay the S.B.I. STAFF ASSOCIATION CO-OPERATIVE SOCIETY LTD, 11ABDUL HAMID STREET, KOLKATA – 69. Each month, the amount of instalment to be demanded by the Society representing my monthly contribution towards my SHORT TERM LOAN instalment / R.B. F.

I HEREBY DECLARE THAT THIS LETTER OF AUTHORITY SHALL NOT BE REVOKED BY ME WITHOUT WRITTEN CONSENT OF THE S.B.I.S.A .CO-OPERATIVE SOCIETY LTD.

Yours faithfully

Witness – Signature
Full Name
(IN BLOCK LETTER)
State Bank of India..... Branch

.....
(Signature in full)
Department/ Branch.....
One copy of Letter of Authority
(perforated part) should be retained
in the BANK while forwarding this
application

(To be retained by Br. Manager)

LETTER OF AUTHORITY

To	Full Name.....
The Branch Manager/Chief Manager/Chief Accountant/D.G.M	(IN BLOCK LETTER)
State Bank of India	Designation.....
State Bank of India	State Bank of India.....
.....Branch/Department	Dated.....

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Yours faithfully

Witness – Signature

Full Name

(IN BLOCK LETTER)

State Bank of India..... Branch

.....

(Signature in full)

Department/ Branch.....

One copy of Letter of Authority (perforated part) should be retained in the BANK while forwarding this application