

Indian Overseas Bank Staff Co-operative Credit Society Ltd.,

Regd.No.MSCSCR 41/87 :: Estd., 20-11-1953  
763, Anna Salai, Chennai – 600 002.

APPLICATION FOR MEMBERSHIP

(FOR OFFICE USE ONLY)		<div>Latest Passport size colour photo to be affixed here</div>
a) Date of Receipt		
b) Date of Allotment & Board Resolution No.		
c) No.of Shares Allotted		
d) Membership No.		

01. Name of the Applicant (in Block Letters)

02. Roll No.  03. Designation:

04. Branch / Dept Name :  Branch/Dept. Code :

05. Date of Birth & Retirement : (As per Bank's Record)	Date of Birth			Date of Retirement			06. Father's Name <div></div>
	Date	Month	Year	Date	Month	Year	

07. SALARY PARTICULARS: (Enclose copy of Latest Salary Slip with respective Branch / Dept. Official attestation)	Basic Pay	DA	HRA	Others	Total	09. a) COMMUNITY [ Tick ]		
						<div>OC</div>	<div>BC</div>	<div>MBC</div>
						<div>SC</div>	<div>ST</div>	

08. HISTORY OF SERVICE: (State whether your service is PERMANENT or TEMPORARY	09. b) GENDER [ Tick ]				
a) Date of Joining & Confirmation in the Bank's Service	<table><tr><td>Male</td><td></td></tr><tr><td>Female</td><td></td></tr></table>	Male		Female	
Male					
Female					

10. ADDRESS FOR COMMUNICATION :

a) Permanent Address :

b) Present Address :

11. PARTICULARS OF BANK ACCOUNT (Provide 15 Digit No.)  
(Should inform whenever any change takes place)

a) IOB Savings Bank Account (SB) : (Permanent)	A/c No.		Br.Code	
b) IOB Current Account (CC)	A/c No.		Br.Code	

**12. PARTICULARS OF CONTACT NUMBERS:**

Mobile Phone	<input type="text"/>	b) Residential Phone with STD Code	<input type="text"/>
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**13. PARTICULARS OF PROPERTY:**

c) If any E-Mail ID:	<input type="text"/>
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a) Area & Value of the Property and Encumbrance if any	<input type="text"/>	<b>Aadhar No.</b>	<input type="text"/>
b) Native Place with Taluk and District	<input type="text"/>	<b>Pan No.</b>	<input type="text"/>

**14. Whether the Applicant is a Member in any other Co-operative Society?**

a) If “YES” state the name of the Society?

b) if “NO” tick

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**15. Whether the applicant was the member of this Society? If so furnish the old Membership Number & Date of Closure of Membership Account.**

Old Mem.No.	Date of Closure
<input type="text"/>	<input type="text"/>

I enclose a Demand Draft No. \_\_\_\_\_ dated \_\_\_\_\_ for Rs. \_\_\_\_\_

towards **SHARE CAPITAL & ENTRANCE FEES**. I request you to admit me as member and allot me \_\_\_\_\_ Shares, If I am admitted as a **MEMBER**, I shall abide by the existing Byelaws and those that may be enacted in future.

I hereby solemnly declare that the above information given by me in writing is true. If there be any false statement in the above I may be proceeded against.

**Attested with Official Seal to be obtained from the Applicant's Branch / Office**

for **INDIAN OVERSEAS BANK**  
**Manager / Chief Officer**

**SIGNATURE OF THE APPLICANT**

**NOMINATION**

I \_\_\_\_\_ nominate \_\_\_\_\_, Relationship \_\_\_\_\_  
aged \_\_\_\_\_ residing at \_\_\_\_\_  
\_\_\_\_\_ to whom the balance if any due to me in my account may be paid by  
Indian Overseas Bank Staff Co-operative Credit Society Ltd, in the event of my death.

**IN CASE THE NOMINEE IS A MINOR**

As the nominee is a minor on this date I appoint Shri./Smt./Miss. \_\_\_\_\_ (Name, Address, Date of Birth & age) to receive the amount on behalf of the nominee, in the event of my death during the minority of nominee.

**SIGNATURE OF THE APPLICANT**

**AGREEMENT WITH INDIAN OVERSEAS BANK**

I ..... having applied for Admission as a Member of INDIAN OVERSEAS BANK Staff Co-operative Credit Society Ltd, 763, Anna Salai, Chennai – 600 002 and for a loan from them hereby authorize you to recover all or any installments 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 Society from my monthly salary and any other amount due to me from the Bank and pay such sums to the said Society towards the installment of Share Capital loan or loans or other sums that may be due and payable by me to the Society. I agree to accept as sufficient evidence of my liability a demand from the Secretary of the Society certified by him to be correct. I agree that you may make recoveries in the manner above mentioned so long as I continue to be a member of the Society.

Member No. \_\_\_\_\_

Branch / Dept \_\_\_\_\_

Date \_\_\_\_\_.

**SIGNATURE OF THE APPLICANT**

**Copy to: The General Manager, Indian Overseas Bank, Central Office, Chennai – 600 002.**

**Note: For Admission minimum Rs.40/- (ONE SHARE Rs.10/- plus ENTRANCE FEES Rs.30/-)**