

**THE STATE AUDIT & ACCOUNTS SERVICES CO-OPERATIVE CREDIT
SOCIETY LTD**

APPLICATION FOR MEMBERSHIP

**To
The Secretary,
The State Audit & Accounts Services
Co-operative Credit Society Limited,
P/3, Bharat Sabha Path,
Kolkata – 700 012.**

Sir,

I being a member of the Higher and State Audit and Accounts Services Association, West Bengal, beg to request you to kindly admit me as a member of the State Audit & Accounts Services Co-operative Credit Society Limited. I have carefully read the bye-laws and rules of the society, and do hereby agree to abide by those or any subsequent amendment thereon. Necessary particulars are given below [**in BLOCK LETTERS**]:-

1	Name	
2	Father's Name	
3	Permanent address	
4	Present address	
5	Present posting	
6	Name and Designation of present D.D.O.	
7	Name & Designation of present Controlling Officer	
8	Whether member of any other Co-operative Credit Society	
9	Date of Birth	
10	Contact details (with STD code)	
11	Office :	
12	Residential :	
13	Mobile No.:	
14	Email Id	
15	PAN Card No.	
16	Bank details:	
(A)	Name of Bank	
(B)	Name of Branch	
(C)	Account No.	
(D)	IFS Code No.	
(E)	MICR Code	

I hereby pay a sum of Rs. Rs. 10/- (Rupees ten) as Admission Fee.

- I further apply for purchase of 100 (one hundred) numbers of shares of Rs. 10/- (Rupees Ten Only) each of the Society.
- I agree to pay monthly contribution towards Thrift fund @ Rs. 500/-(Rupees Five Hundred Only) or such amount as will be revised in the General Meetings from time to time.
- I solemnly declare that I am not a member of any other Co-operative Credit Society. I also declare that I shall not apply for membership of any other Co-operative Credit Society without prior approval from you.
- I hereby declare that I shall be liable to pay outstanding dues to the Society regularly. In case of default, my Drawing & Disbursing Officer shall have full and absolute liberty to take necessary steps to deduct the dues of the Society (outstanding loan along with interest, contribution towards Thrift fund or any sum due to the Society) from my salary and/or retirement benefits as per existing orders and rules.
- I hereby nominate the following family member/s to whom all money that may be due to me shall be paid in the event of my death :-

Name	Relationship	Address	% of Share

Yours truly,

Date : _____

Place : Kolkata

Full signature of the applicant

I DO HEREBY CERTIFY THAT, THE ABOVE MENTIONED APPLICANT IS A MEMBER OF THE HIGHER & STATE AUDIT & ACCOUNTS SERVICE ASSOCIATION, WEST BENGAL.

**SECRETARY/ PRESIDENT/ TREASURER
HIGHER & STATE AUDIT & ACCOUNTS SERVICE ASSOCIATION**

DECLARATION OF INTRODUCER

I being a member of the Society hereby affirm that Shri / Smt. _____
_____ is known to me and statements given above are true to the best of my knowledge and I am in opinion that he/she is fit and suitable for admission as member and hence, hereby recommend for his / her membership.

Name : _____ Signature : _____

Designation: _____ Membership No.: _____

FOR OFFICE USE ONLY

Date of meeting	Details of Receipt	
Received	Share Capital	<u>Rs.</u>
vide Money Receipt No	Admission Fees	<u>Rs.</u>
Money Receipt Dated	Thrift Fund	<u>Rs.</u>
Allotted Membership No.		<u>Rs.</u>
Allotted Shares	<u>TOTAL</u>	<u>Rs.</u>

SECRETARY

CHAIRMAN