



THE ANDHRA BANK EMPLOYEES' CO-OPERATIVE BANK LTD.

Regd. & Central Office : Bank Street, Koti, Hyderabad 500 001

Ph: 24757022 / 24756316, Fax: 040-24756972

www.abecoopbank.com

Branch _____

Affix
Photograph

APPLICATION FOR LOAN

Loan required ✓ Tick whichever is applicable	Long Term Loan <input type="checkbox"/>	Medium Term Loan <input type="checkbox"/>	Contingent Loan <input type="checkbox"/>
Separate application to be submitted for each loan	Rs. 2,00,000/-	Rs.1,00,000/-	1,50,000 Substaff
Loan Amount (Maximum)			2,50,000 Clerk
			3,00,000 Officers

Note :- For Each Loan Separate Application should be submitted.

To

The Secretary

The Andhra Bank Employees' Co-op. Bank Ltd., Hyderabad.

PARTICULARS OF THE APPLICANT													
ADMISSION NO.													
NAME IN FULL													
FATHER'S / HUSBAND'S NAME													
DESIGNATION													
DATE OF BIRTH													
DATE OF JOINING IN THE BANK													
DATE OF CONFIRMATION													
RETIREMENT DUE ON													
NAME OF THE BRANCH													
SOL ID													
REGION													
BASIC PAY RS.													
SPL. ALLOWANCES													
NET SALARY													
PF NO.													

RESIDENTIAL ADDRESS :													
IF MARRIED, NAME OF THE SPOUSE													
IF SPOUSE IS EMPLOYEE, PARTICULARS OF EMPLOYEMENT AND DESIGNATION AND ADDRESS PARTICULARS													
COD / SALARY / A/c. NO. : (for crediting loan amount)													
CELL PHONE NO.:													
E-mail ID													

2. PURPOSE OF LOAN : Housing / Medical / Ceremonial / Consumption (Tick your option)

(Note : If purpose is for Housing, give details of proposed expenditure :

Purchase / Construction / Repair / Renovation / Take over / _____ (Tick your option)

& House Door No. _____ Location _____)

3. AMOUNT OF LOAN REQUIRED (Rs.)

(Specify the Amount/
Maximum Eligibility)

4. Repayable in Monthly Instalments

LTL

12	18	24	30	36	42	48	54	60
66	72	78	84	90	96	102	108	120

MTL

12	18	24	30	36	42	48	54	60
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CGL

12	18	24	30	36	42	48	54	60
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I, _____ the applicant herein authorize and agree to allow the Pay Disbursing Officer of my employer, i.e., Union Bank of India to deduct from my salary / subsistence allowance, the dues of your co-operative bank every month as per the Agreement (Bond) entered into with them (Union Bank of India). I also agree that you may recover in one lump any sum due to your Co-operative Bank from my terminal/ retirement benefits or other sums payable to me from my employer whenever they become payable. I further agree and authorize to recover any dues from the personal properties of my own in case my terminal/ retirement benefits are not sufficient to repay the said dues”.

I request that necessary shares for drawing the loan may be allotted to me and the amount may be adjusted from the loan amount. You may collect other amounts also if any.

I hereby declare that I am not a member of any other Cooperative Credit Society and I have not availed any loan from any other Cooperative Credit Society.

I declare that the information supplied above is correct to the best of my knowledge and this proposal will form the basis of the agreement between the Bank and myself, if the loan is granted.

Place :

Date

Signature of the Applicant
 The applicant is working at our Branch
 Signature of employee is
ATTESTED
 For Union Bank of India

Office Seal

Branch Manager
 Signature No.

- Enclosures: Self attested copies of**
- 1) Latest Salary Slip Original**
 - 2) Bank Identity Card**
 - 3) Copy of PAN Card / Driving License to be enclosed**

DEMAND PROMISSORY NOTE

Rs. _____

Place : _____

Date : _____

On Demand I promise to pay at Hyderabad to the Andhra Bank Employees' Co-operative Bank Limited, Hyderabad, or order, the sum of Rupees _____ together with interest on such sum from this date at _____ percent per annum with Monthly / Quarterly / Half-yearly rests for value received.

Re 1/-
 Revenue
 Stamp

(BORROWER)

THE ANDHRA BANK EMPLOYEE'S CO-OPERATIVE BANK LTD.,
HYDERABAD.

MEMBER/BORROWER LOAN BOND

Loan Bond executed this _____ day of _____ by (1) Borrower
Member with

Admission No. _____ Son/Daughter/Wife of _____

Aged _____ years profession : service (A permanent employee of Union Bank of India) residing at _____

2. I, namely (borrower) _____ have received from the said Bank, a loan of Rs. _____ (Rupees)
_____ for (purpose)

_____. I promise and undertake to repay
the said amount with interest at _____ percent per annum in _____ Monthly

Installments commencing from _____ (each installment being payable on or before the
10th of the month succeeding to which it relates). I undertake to repay this loan before _____. If I

fail to pay any instalment of loan or interest, I bind myself to pay additional Interest at _____ percent
per annum from the date of default to the date of payment. I further agree that for default of payment of

instalment(s) of loan or interest, the Bank may preclose the loan account and proceed to recover the
amount legally with interest at _____ percent per annum on the total amount of Principle

and Interest, and Interest thus due from date of closing the Loan Account to the date of recovery of the
amount in full, together with costs etc., the Bank may incur therefore from the monthly Salary/subsistence

allowances, or terminal/ retirement benefits payable to me or from properties belonging to me.

I further hereby agree and authorize to recover any dues including the above said loan amount with
interests from the personal properties of my own in case the terminal/ retirement benefits are not
sufficient to the said dues.

**3. I hereby declare that I am not a member of any other Cooperative Credit Society and I have not
availed loan from any other Credit Cooperative Society. In case if my declaration in this regard
is found to be false I agree to repay the entire Loan amount alongwith the penal interest as
decided by the Bank.**

4. I agree to abide by the Bye-laws and rules of the Bank now in force and those that may be
amended or enacted hereafter from time to time.

Witness (Shall be the member of Staff)

(MANDATORY) 1) _____

2) _____

Signature _____

Signature _____

Name _____

Name _____

**BORROWER'S
SIGNATURE**

Occupation _____

Occupation _____

PF No. _____

PF No. _____

The Andhra Bank Employee's Co-operative Bank Ltd.,
Regd. & Central Office
HYDERABAD - 500 001. T.S.

I, _____

Son of / Wife of _____, member Admission No. _____

of the THE ANDHRA BANK EMPLOYEES' CO-OPERATIVE BANK LTD., PF No. _____

of Union Bank of India do hereby nominate the following as the person/persons to whom my Share Capital or
interest on the Share Capital of the Andhra Bank Employees' Co-operative Bank Ltd., shall be transferred or
the value thereof or any other sum payable to me shall be paid in the event of my death.

Sl. No.	Name of the nominee	Age on the date of nomination	Relationship to the member	Occupation	Address
1.					
2.					

As witness whereof, my hand, this _____ day of
Two thousand and _____

1)
(Signature of witness)
PF No. _____

2)
(Signature of witness)
PF No. _____

(Signature of Shareholder)
Admission No. _____
PF No. _____

Place :

Date :

ATTESTED
For Union Bank of India

OFFICE SEAL

Branch Manager

To

The General Manager
 Union Bank of India
 Central Office
 Mumbai.

Dear Sir,

Reg. Recovery of loan amounts from my Terminal / Retirement Benefits :

I am a member of the Andhra Bank Employees' Co-operative Bank. I have availed loans under various schemes of the Bank from time to time as per the rules applicable and authorize you to recover all / or any instalment 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 bank from my monthly salary and pay such sum or sums to the said Bank towards the instalment of Share Capital, loan or loans or other sums that may be due payable by me to the said bank.

I also hereby authorize you in the event of my Resignation, Retirement Voluntary or otherwise, death or my ceasing to be in service of Union Bank of India for any reasons whatsoever, to deduct from the balance standing to my credit in the P.F. account, Gratuity, Commuted portion of Pension or Pension due to and available to me or to deduct from any other amount whatever due and payable to me by Union Bank of India and pay the amount to the Andhra Bank Employees Co-operative Bank Ltd.,

I hereby agree and declare that a demand from an authorized representative of the said bank, certifying the amount due by me would be sufficient proof of my liability and receipt passed by the said bank shall be sufficient to discharge you from payment of the amount to me.

I hereby further declare that this authorization shall be irrevocable.

Yours faithfully

SIGNATURE OF THE BORROWER

Name :

Place :

PF No. :

Date :

Admn. No. :

Witness (I) :

1. Name :

2. Signature :

3. PF No. :

Witness (II) :

1. Name :

2. Signature :

3. PF No. :