



THE ANDHRA BANK EMPLOYEES' CO-OPERATIVE BANK LTD.

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

Mobile Nos. 8121020645; 646; 647 & 648

E-mail : abecoop1@gmail.com, Website:www.abecoopbank.com

L 2022

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"/>
Seperate application to be submitted for each loan			2,50,000 Substaff
Loan Amount (Maximum)	Rs. 2,00,000/-	Rs.2,00,000/-	3,50,000 Clerk
			4,00,000 Officers

Note :- For Each Loan Separate Application should be submitted - RENEWAL / FRESH

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.															

RESIDENTAIL 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 : **Mandatory**
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
	CGL		12	18	24	30	36	42	48	54	60

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 (The Andhra Bank Employees' Co-op. Bank Ltd.). 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 also confirm that no disciplinary action pending against me.

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

(In case the Applicant is Branch Head
It should be forwarded by DBH)

Office Seal

Branch Manager
Signature No.

- Enclosures : 1) Latest 3 months Salary Slips Original**
2) Identity Card attested copy
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

(Affix Stamp and Sign. across)

SIGNATURE
(BORROWER)

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

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

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.

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.

(MANDATORY) 1)	2)
Signature	Signature

Name _____ Name _____

Occupation	Occupation
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PF No. _____ PF No. _____

Mobile Mobile

Regd. & Central Office : HYDERABAD - 500 095. T.S.

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

(Signature of Shareholder/Applicant)
Admission No.
PF No.

ATTESTED
For Union Bank of India

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, Commutated 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 :

PF No. :

Admn. No. :

Place :

Date :

Witness (I) :

- 1. Name :
- 2. Signature :
- 3. PF No. :
- 4. Mobile No. :

Witness (II) :

- 1. Name :
- 2. Signature :
- 3. PF No. :
- 4. Mobile No. :