



Daivadnya Sahakara Bank Niyamit,

H. O. : 1169, Saraf Galli, Shahapur, BELAGAVI - 590 003.

Application for Regular / Associate Membership

To,
The Chairman / General Manager
Daivadnya Sahakara Bank Niyamit,
H.O. : Shahapur, Belagavi.

Branch : _____

Application No. _____

Member Regn. No. _____

Sir,

I, Smt./Shri. _____

Address _____

Age _____ years, Date of Birth _____ Occupation _____ Phone No. _____

Caste _____ Sub Caste _____ Categories SC / ST / OBC / GEN

OBC - 2A 2B 3A 3B SB A/c No. _____ PAN No. _____

do hereby apply for admission as _____ Member of your Bank. I have read & understood the byelaws of the Bank and bind myself to abide by them. I further state that I am not a member of any co-operative institution having the same objects, I pay for

Introduced by	
Smt./Shri.	
Address	
.....	
R. No.	
Signature	

	AMOUNT	
	Rs.	Ps.
Admission fee	25	00
Share amount		
Share Fee		
Miscellaneous		
Total		

Please credit periodical dividends to my above SB a/c.

Signature _____

I Nominate the following person to whom in the event of my death the amount of share be refunded.

Nominee _____ Relationship _____ Age _____

Nominee's Date of Birth _____

Date _____ Nominee Regn. No. _____ Signature _____

OFFICE REMARKS

Share Suspense Deposit of Rs. _____ is made on _____

Date _____ Clerk _____ Officer _____ Br. Manager/Accountant _____

ALLOTMENT

As per resolution No. _____ dated _____

Smt./Shri. _____ is admitted as _____

member of the Bank. No. of Shares allotted _____

Date _____

Gen. Manager

Chairman