



MEMBERSHIP FORM (A1)

State Bank of India Pensioners' Association Kerala

(Reg. No.ER/450/2001)

Website: www.sbipensionerskerala.com

To:

The General Secretary
State Bank of India Pensioners' Association Kerala
C/o. State Bank of India
Thiruvananthapuram Main Branch
Opp. AG's Office, MG Road
Thiruvananthapuram 695 001

Membership No. grid with letters L M / and A F M /

APPLICATION FOR LIFE MEMBERSHIP/ASSOCIATE FAMILY LIFE MEMBERSHIP

Dear Sir,

I/We the undersigned (Full Name in BLOCK CAPITALS), Pensioner of State Bank of India and (Spouse) hereby apply for Life Membership/Associate Family Life Membership of the Association. I/We declare that I/We have read and understood the Constitution and Bye-Laws of the Association and I/We undertake to abide by the same with whatever alterations/amendments and/or modifications that may be made from time to time. I/We shall pay any additional Levy/Contribution/Donation whenever it is required by the Association.

I/We further declare that I/we am/are not a member of any other Bank Pensioners' Association.

A Cheque/Draft for Rs. bearing No. dated drawn on is enclosed.

Necessary particulars are as follows (IN BLOCK CAPITALS):

1 Full Name of the Pensioner:

Name grid

2 Date of Birth:

DDMMYYYY date grid

3 Provident Fund Index No.

Pf index number grid

4 Pension Paying Branch:

Branch name grid

Br. Code:

Branch code grid

5 Branch/Office from where retired:

Branch/office name grid

6 Retired as (Designation):

Designation grid

7 Date of Retirement:

DDMMYYYY date grid

