

MEMBERSHIP FORM (A2)

State Bank of India Pensioners' Association Kerala

(Reg. No.ER/450/2001)

 $Website: www.sbipensioners association kerala.org\\ e-Mail: sipensioners association kerala@gmail.com$

To:

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

Mobile: 9447018299

Photograph of Family Pensioner

Membership No.									
F	P	M	/						•
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APPLICATION FOR FAMILY PENSIONER LIFE MEMBERSHIP

De	ear Sir,
I,	the undersigned (Full Name in
BL	OCK CAPITALS), Family Pensioner of State Bank of India, hereby apply for Life Membership of the Association.
de	clare that I have read and understood the Constitution and Bye-Laws of the Association and I undertake to abide by
	e same with whatever alterations/amendments and/or modifications that may be made from time to time. I shall pay y additional Levy/Contribution/Donation whenever it is required by the Association.
l fu	urther declare that I am not a member of any other Bank Pensioners' Association.
Α	Cheque/Draft for Rs bearing No dated drawn on
	is enclosed. (Please ignore if paid direct/online.)
	ecessary particulars are as follows (IN BLOCK CAPITALS):
1	Full Name of the Family Pensioner:
2	Date of Birth: D D M M Y Y Y Y
3	Provident Fund Index No.
4	Pension Paying Branch: Br. Code:
5	Name of the Deceased Pensioner:
6	Branch last served by the Deceased Pensioner:
7	Position held

8	Date of Retirement:	Date D D	of Death:	Y Y Y Y						
9	Full Address:									
				Pi	n Code:					
10	Residence Telephone:									
11	Mobile No.									
12	Email ID:									
Me	mbership Fee:									
	Rs.850/- (Life Membership Fee Rs.750/- + Admission Fee Rs.100/)									
	Cheque/Draft shall be payable to SBI Pensioners' Association Kerala and drawn on SBI, PETTA Branch (Code No. 12854 - IFS Code: SBIN0012854 - A/c. No. 10021921558).									
	If paid directly/online, please furnish	the followin	ng details:							
	i) Date of payment:									
	iii) Remitting Branch Name with Cod	e:								
	iv) Transaction/Journal No.									
In case payment is made directly/online, the application with the above details may be sent to the General Secretary by post and a scanned copy/photograph of the application may be sent to him through WhatsApp to his Mobile No. 9447018299. Alternatively, the scanned copy/photograph may be emailed to the Association at the email id given above. Place:										
Pia	ce:	<u> </u>		Signati	ure of Family Pensioner					
Dat	e				(Applicant)					
For Office Use										
	Admitted as Family Pensioner Life Member (FPM No)									
Dat	e]		President	General Secretary					