



MEMBERSHIP FORM (A2)

State Bank of India Pensioners' Association Kerala

(Reg. No.ER/450/2001)

Website: www.sbipensionersassociationkerala.org

e-Mail: sipensionersassociationkerala@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 /

APPLICATION FOR FAMILY PENSIONER LIFE MEMBERSHIP

Dear Sir,

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

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

A Cheque/Draft for Rs. bearing No. dated drawn on is enclosed. (Please ignore if paid direct/online.)

Necessary particulars are as follows (IN BLOCK CAPITALS):

1 Full Name of the Family Pensioner:

[Grid for Full Name of the Family Pensioner]

2 Date of Birth:

[Grid for Date of Birth: DD MM YYYY]

3 Provident Fund Index No.

[Grid for Provident Fund Index No.]

4 Pension Paying Branch:

[Grid for Pension Paying Branch]

Br. Code:

[Grid for Br. Code]

5 Name of the Deceased Pensioner:

[Grid for Name of the Deceased Pensioner]

6 Branch last served by the Deceased Pensioner:

[Grid for Branch last served by the Deceased Pensioner]

7 Position held

[Grid for Position held]

