



ಭಾರತೀಯ ಸ್ಟೇಟ್ ಬ್ಯಾಂಕ್ ನೌಕರರ
ಬೃಂದಾವನ ಗೃಹ ನಿರ್ಮಾಣ ಸಹಕಾರ ಸಂಘ ನಿಯಮಿತ

SBI STAFF BRINDAVAN HOUSING CO-OPERATIVE SOCIETY LTD.

Regd. Off. : C/o State Bank of India, Mysore Main Branch,
Sayyagi Rao Road, Mysore - 570 024.

REG. NO. : AR41/MKT/RGN/12225/86-87 (Dt. 12-09-1986)

Rs. 100/-

MEMBERSHIP FORM NO.:

Application NOT TRANSFERABLE (Application No. would be issued after realization of payments)

APPLICATION FOR MEMBERSHIP / ASSOCIATE MEMBERSHIP

To,

The President / Hon. Secretary

SBI Staff Brindavan Housing Co-operative Society Ltd,

Bengaluru Address: #136, 'ARJUN', 5th Main, Near Ashraya English School,
Vijinapura, Ramurthynagar, Bengaluru - 560016.

(Note: All Communications to be made to Bengaluru Address)

I wish to join as Member of the Society, request you to accept the Application along with the Stipulated fee and share amount and enroll me as member of the Society.

1. Name of the Applicant (In Block Letter)	
2. Father's / Husband's Name	
3. Date & Place of Birth, Age	
4. Permanent Address :	
5. Address for Correspondence :	
6. Employment particulars : SBI <input type="checkbox"/> Associate Bank <input type="checkbox"/> Other Bank <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Service : <input type="checkbox"/> Branch / Circle : Pensioner : <input type="checkbox"/> Date of Appointment/Retirement : Others: <input type="checkbox"/> Designation :	
7. Whether applicant is an ordinary resident or native of Karnataka.	
8. Whether the applicant belongs to SC/ST /OBC/Others	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes enclose caste certificate issued by Competent authority)
9. Applicant PAN No.	
10. If the Applicant is already a member of any other Housing Co-operative Society Ltd.	
11. No. of Shares required	
12. Amount paid along with the Membership application	1. Admission Fee Rs.100.00
Cash :	2. Share Fee Rs.100.00
Cheque No. / DD No.:	3. Share amount Rs.1000.00
Date :	4. Building Fund Rs. 500.00
Bank :	5. Members Welfare Fund Rs.300.00
Branch :	6. Miscellaneous
	TOTAL

Phone No. (O): (R)

(M)..... Email :

P.T.O.

13. Name of the Nominee Relation & Address: Age:	
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CONDITIONS

1. Member shall be governed by the bye-laws of the Society, rules and regulations framed by the Board from time to time.
2. The Board may reject any application without assigning any reason.
3. In case the applicant belongs to SC/ST/OBC/Others, a certificate issued from a competent authority has to be enclosed.
4. Membership of the Society shall not confirm entitlement for allotment of site. Such allotments shall be supported by timely site deposits.
5. Members shall visit the society periodically and update the address & telephone Nos. Non-receipt of communication shall not be considered as a reason, for not being informed about the developments in the Society.

DECLARATION

I wish to become a Member of SBI STAFF BRINDAVAN HOUSING CO-OPERATIVE SOCIETY LTD.

I have read the above conditions and I have undertaken to abide by these conditions, the bye-laws of the Society and the decisions taken by the Board from time to time, which shall be final and binding on me.

I declare that the particulars furnished are correct and true to the best of my knowledge.

Date :

Place :

Signature of Applicant

INTRODUCED BY :

Name :

Address :

Signature of Introducer

FOR SOCIETY USE ONLY :

1. Date of receipt of application :

2. Amount received Rs: Receipt No:.....Date:.....

Hon. Secretary

President

DECISION OF THE BOARD :

Accepted as Member of this Housing Society in the Board Meeting held on..... in Meeting Book Page No. for allotment of residential site in society's future / present layout in accordance with the Bye-Laws, Subsidiary Rules, Policy decision taken by the Board / General Body from time to time and Rules, Acts and Policies of Government of Karnataka on the member.

Date :

Hon. Secretary

President

Encl. :

a)

b)

c)

d)

e)

f)