

APPLICATION FOR MEMBERSHIP

POST AND TELECOM EMPLOYEES CO-OPERATIVE BANK SOCIETY LTD.

Lotus Road, Colombo 01.

E-mail - ptecbank@gmail.com
posttelebank@sltnet.lk

Telephone : 011-2380701-2, 011-2430470, 011-2325607 Fax : 011-2473755

Any one who are serving in Postal Department and Sri Lanka Telecom can apply for the membership and the applicant should be bellow 50 years and permanent employee of Post Dept. and SLT.

For official use only
Membership No <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>

❖ Please Submit with the **Recent PAY SLIP and a copy of BANK ACCOUNT PASSBOOK of the Applicant**

The Secretary,

Dear sir,

I the undersigned do hereby apply to enroll myself as a member of the Co-operative bank society Ltd. My personal data is as follows. If any changes these details I will inform to co-operative bank society as soon as possible.

Details of the bank you are dealing with	Account No
Name of the Bank :	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>
Branch :	

01.Name with Initials (Mr./Miss/Mrs) :

02.Applicant's Full Name :

03.Name on the Pay sheet :

04.Residential Address :

(i) Telephone No.

05.Official Address :

(i) Telephone No.

06. Date of Birth

D	D	M	M	Y	Y	Y	Y
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 07. Age 08. NIC No.

09. Name of Employer :

10. Profession :

11. Service No /ID No. (i) Pay sheet No:

12. Salary Receiving Office :

13.Date of permanency of employment:

D	D	M	M	Y	Y	Y	Y
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 14.Monthly Basic Salary :

Details of Nominee

15. (1) Nominee's Name :

(2) Relationship:..... (3) Nominee's date of birth

D	D	M	M	Y	Y	Y	Y
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(4) Nominee's Address:

(5) Nominee's Signature (In the event nominee has been appointed by me under sec 27 (I) of the co-op act No 05 of 1972, he or she shall become entitle to the entire outstanding balance of the account after my death, otherwise my legal heirs shall become entitle to same.)

16. Amount to be deducted as Membership contribution from the monthly salary Rs:
Can deposit any amount which you should any amount more than your minimum monthly contribution can be deposit as your monthly deposit (This minimum contribution can be differed as per the AGM decision)

17.

Only for apply for membership through the AGM									
(1) Name of the Member of AGM:									
(2) No of the AGM <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/>	(Acknowledged the above applicant about the society and submitted)								
(3) Membership No: <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> (AGM)									
(4) Signature <input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/>	Date : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">D</td><td style="width: 20px; text-align: center;">D</td><td style="width: 20px; text-align: center;">M</td><td style="width: 20px; text-align: center;">M</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

Names of the Family Members	Age	Occupation	Working office	Relationship	Remark

I do hereby agree to the rules and regulations of the Co – operative Bank Society Ltd. And do hereby authorize it to deduct from my salary all monies due to it in monthly installments. Whilst accepting that my membership will cease if my membership subscription is not collected for a period of 12 consecutive months and or if I am expelled from the membership and I will not be entitled to any privileges and benefits and further I will not receive any or Death donations from the society and I also certify that all the information furnished in this form is true and correct and if found to be untrue or incorrect my rights for all the benefits shall be constitutionally forfeited. Further I undertake to abide by all the rules and regulations of the said fund. I also undertake and bind myself to inform any changes from time to time in my family for the entitlement of the said fund. I also admit that there shall be no benefits for death aid which are not registered in the books of the society for non – information of such facts by me.

Date

D	D		M	M		Y	Y	Y	Y
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 Applicant's Signature

Certification of the Head of Department

I do hereby certify that the information in cages I to 14 are all correct and true and also that he is a permanent employee.

Date

D	D		M	M		Y	Y	Y	Y
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Post Master/D.P.N./Admin. Sect./Head of dept SLT
(Signature and Rubber stamp)

WITNESS 01
1. Name :.....
Membership No.

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Working office :.....
NIC No.

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Signature

WITNESS 02
1. Name :.....
Membership No.

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Working office :.....
NIC No.

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Signature

***** **FOR OFFICE USE ONLY** *****

The Membership was presented on

D	D		M	M		Y	Y	Y	Y
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 under the membership No

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 as the contribution was received through the recovery report of20.....

Management Assistant
(Ledger)

Administrative Officer
(Ledger)

Administrative Officer
(Membership)

The Membership no

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 was confirmed / rejected by committee /AGM.

Secretary