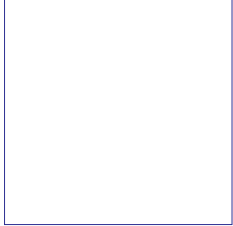


THE Karur Vysya Bank Officers' Association

102, 1st Main Road, KVB Nagar, **KARUR - 639 002**. Ph: 04324 238058

(Regd. TRI.20 Affiliated to AIBOC)

APPLICATION FOR ENROLMENT

From Shri. Asst. Manager / Manager / Senior Manager THE KARUR VYSYA BANK LTD., Branch /Office.	Emp. Code: _____	To The General Secretary, THE KARUR VYSYA BANK OFFICERS' ASSOCIATION, KARUR - 639 002.	
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Dear Comrade General Secretary,

Please enrol me as a member of the Association. I give below the particulars. I have remitted Rs.10/- (Rupees Ten only) being Entrance fee to the credit of O.A. A/C No. 1152.155.371 on

NAME (IN BLOCK LETTERS)	AGE	DATE OF BIRTH
QUALIFICATION	BLOOD GROUP	
MOBILE NO.	E.Mail ID :	
DATE OF JOINING THE BANK	DATE OF CONFIRMATION	
DATE OF PROMOTION AS OFFICER	PRESENT POST	
RESIDENTIAL ADDRESS	WHETHER MARRIED OR NOT	
	CHILDREN :	AGE
	MALE	
	FEMALE	
PREVIOUS EXPERIENCE BEFORE JOINING THE BANK, IF ANY		

The particulars given are true and correct and I shall abide by the rules and regulations of the Officers' Association.

Place :

Date :

Signature

FOR OFFICE USE

APPLICATION RECEIVED ON :	ENROLLED AS A MEMBER ON & FROM
AMOUNT RECEIVED ENT.FEE :	
SUBSN :	
TOTAL :	DATE
	GENERAL SECRETARY

Note : Subscription is payable at Rs. 100/- per month.

THE KARUR VYSYA BANK OFFICERS' ASSOCIATION RELIEF FUND

KARUR.

DECLARATION AND NOMINATION FORM

1. Name _____
2. Surname _____
3. Sex _____ 4. Nationality _____
5. Marital Status _____ (Whether Unmarried, Married, Widow or Widower)
6. Father / Husband Name _____ 7. Date of Birth _____
8. Permanent Address _____

I hereby nominate the person(s) mentioned below to receive the benefit / amount standing to my credit in the Fund, and in the event of my death before that amount has become payable, or having become payable has not been paid, and direct that the said amount shall be distributed among the said person(s) in the manner shown below against their names :-

Name and address of the nominee or nominees (1)	Nominee's Relationship with the member (2)	Age of Nominee (3)	Amount of share of accumulation in the fund to be paid to each Nominee* (4)
(1)			
(2)			
(3)			
(4)			

Witness :

(Signature,
Name & Address)

Place :

Date :

Signature of the Member

* This column should be filled in so as to cover the whole amount that may stand to the credit of the member in the fund at any time. Indicate in percentage.

From _____ Code No. _____
Asst. Manager / Manager / Senior Manager
THE KARUR VYSYA BANK LTD.,
_____ Branch / Office

To
The MD & CEO,
The Karur Vysya Bank Ltd.,
Central Office, Karur.

Through
The Manager,
The Karur Vysya Bank Ltd.,

Dear Sir,

Ref.: Mandate to deduct subscription and levy from salary.

I hereby authorise the Bank to deduct from my salary subscription and levy imposed by the Karur Vysya Bank Officers' Association from time to time.

2. The Subscription payable to the Association is as under for the time being :

	<u>Payable in</u>
2.1. General fund Rs. 100/- per month	Every Month
2.2. Relief Fund Rs. 100/- per month	Every Month
2.3. Educational Trust Donation Rs. 100/- per month	Every Month

3. I also authorise the Bank to deduct the subscription on any other scheme that may be introduced by the association from time to time.

4. This mandate will be in force unless otherwise revoked by me in writing.

Thanking you,

Place :

Yours faithfully,

Date :

Copy to: The Manager _____ Branch

Copy to: The Karur Vysya Bank Officers' Association, Karur.

Forwarded to Central Office,

Manager.