

## APPENDIX - I

### BHEL Employees' Co-operative Credit Society Ltd.,

Regd. No. TG - 854

RAMACHANDRAPURAM : : HYDERABAD - 500 032.

#### APPLICATION FOR ADMISSION / SHARES

TO  
THE COMMITTEE OF MANAGEMENT,  
BHEL EMPLOYEES' Co-operative Credit Society Limited.,

Gentleman,

I desire to become a share holder or increase my shares in the above Society and I request you to allot me ( ) shares in the Society.

I hereby declare that I am not a member of any other co-operative credit society and I have no dues payable to any such society.

I authorise the BHEL / Society to recover the cost of these shares in.....instalments from my salary / from the loan to be sanctioned to me.

I agree to abide by the bye-laws of the Society and resolutions passed by the Committee of management and the General Body from time to time.

My Basic Salary is Rs.....and also I agree for the recovery of the thrift deposit and any other dues to the Society and I authorise the BHEL / Society to recover the same from my salary regularly.

Yours faithfully,

Name of the applicant : \_\_\_\_\_  
(in black letters)

Staff No : \_\_\_\_\_

Designation : \_\_\_\_\_

Department Code No. : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Date of Appointment : \_\_\_\_\_  
(in BHEL)

Mobile No. : \_\_\_\_\_

Forwarded to the Society, BHEL, E.C.C.S.Ltd.

Signature of the Officer

Under whom the applicant is working (Office seal)

Admitted & allotted .....shares.

Member.....Secretary :

## APPENDEX - II

### FORMS OF AGREEMENTS REFERRED TO IN BYE-LAWS

Regd. No. TG - 854

TO  
THE PRESIDENT,  
BHEL EMPLOYEES' Co-operative Credit Society Limited.,  
Ramachandrapuram, HYDERABAD - 500 032.

I, \_\_\_\_\_ agree to the instalments of share capital loan or loan and other sums that may at any time become due and payable by me to the society being recovered by the society from my monthly salary through the officer for the time being disbursing such salary i herewith furnish and agreement authorising such officer to effect, as and when necessary recoveries from salary.

Signature :

Name :

Staff No. :

Department :

#### AGREEMENT WITH THE PAY DISBURSING OFFICER

From

Members of the BHEL Employees' Co-operative Credit Society Ltd.,

To

The

(For the time being the disbursing officer of the member)

I, \_\_\_\_\_ have applied for admission as a member of a loan from the BHEL Employees' Co-op. Credit Society, hereby authorise you for the time being my disbursing officer, and any other pay disbursing officer, under whom I may happen to serve in future, to recover from and out of monthly salary and pay such sum or sums to the said society in payment of all or any instalments of share capital, loan or loans, thrift deposits and all other sums that may from time to time and at any time become due and payable by me to the said society, towards the instalment or instalments or share capital, thrift deposits, loan or loans or other sums that may be due and payable by me to the society. I agree to accept as sufficient evidence of my liability a demand from an officer of the society certified by him to be correct. I authorise you and my future pay disbursing officers to make recoveries from my salary in the manner above mentioned so long as I continue to be a member of the society. I shall not at any time as for the suspension of the recovery except with the express consent of the Board of Directors of the Society.

If I am transfered out of the BHEL, Ramachandrapuram, I request and authorise yourself, and the society to communicate to my new pay disbursing officer a copy of this agreement and request and authorise him to make the recovery. Thereupon the pay disbursing officer shall effect recoveries according to the demand list sent to him by the society or by yourself.

Signature :

Name :

Staff No. :

Department :

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#### NOMINATION

Name of Nominee :

Relation Ship :

Age :

Signature of the applicant

**BHEL EMPLOYEES' CO-OPERATIVE CREDIT SOCIETY LIMITED**

**"SahakaarBhavan", BHEL Township, Ramachandrapuram  
Hyderabad – 502 032. (Telangana State)**

## MEMBER INFORMATION SHEET

## Photo

**Dear member,**

**To serve you better, Please provide the following particulars:**

[illegible]

**Signature of the member**

## ***NOMINATION DECLARATION***

***I hereby nominate the following person/s to receive amounts if any, payable to me in the event of my death.***

<b>S.No</b>	<b>Name</b>	<b>Age</b>	<b>Relation</b>	<b>Address</b>	<b>% of nomination</b>

**Place:**

**Date:**

***Signature of the member***