

**THE CENTRAL EXCISE EMPLOYEES CO-OPERATIVE
CREDIT SOCIETY LTD., NO. E-674, KOCHI-682 018.**

Phone : 0484 – 2395514

APPLICATION FOR COVID LOAN

1. Name(In block letters) :
2. Membership No. :
3. Designation :
4. Office address in full :
5. Date of joining in the department :
6. Date of retirement :
7. Net salary as per last pay in slip (Copy to be attached) :
8. Residential Address :
9. Name of Patient & Relationship with the member :
- (copy of document to be attached) :
10. Name of Hospital , Admission No. & Date :
- (Copy of document to be attached) :
11. Loan amount applied for (Maximum@50,000/-) :
12. No. of instalment (Maximum 20) :
13. Signature of applicant :
14. Bank A/C No, Branch & IFSC :

AGREEMENT WITH THE PAY DISBURSING OFFICER

I hereby authorize the Pay Disbursing Officer to recover all or any instalment of loan or loans and all other sums that may from time to time at any time become due and payable by me to THE CENTRAL EXCISE EMPLOYEES CO-OPERATIVE CREDIT SOCIETY LTD. No. E-674, Kochi – 18 towards the instalments of 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 as correct. I agree to make recoveries from my salary in the manner above mentioned. I also declare that I am neither a member nor indebted to any other Co-operative Credit Society.

SIGNATURE OF APPLICANT

Place :

Name :

Date :

Membership No.:

Mob. No. :

For Office Use	
Share	Rs.....
Others	Rs.....
Net Amount	<u>Rs.....</u>
Total	Rs.....

RECOMMENDED:

SANCTIONED:

SECRETARY

PRESIDENT

**THE CENTRAL EXCISE EMPLOYEES CO-OPERATIVE CREDIT
SOCIETY LTD., NO. E. 674, COCHIN - 18**

RECEIPT

Vr. No

Received sum of Rs.....(Rupees.....)

from the Secretary, Central Excise Employees Co-operative Credit Society Ltd., being :

- Ordinary Loan :
- Emergency Loan :
- Fixed Deposit (FDR No.....) :
- Int. on F. D. (upto) :
- Shares :
- Thrift (upto) :
- Int. on Thrift (upto) :
- Death Benefit Fund :
- Recurring Deposit :
- Int. on R. D. :
- SDR :
- MDS :
- Mediclaim Suspense :

Signature & Date :

Name :

Mem. No. :

Division :

SECRETARY

RECOVERIES

Ordinary Loan (No	Rt. No.....	dt.....	Rs.....
Emergency Loan	Rt. No.....	dt.....	Rs.....
O.L. Int.	Rt. No.....	dt.....	Rs.....
E.L.Int.	Rt. No.....	dt.....	Rs.....
Shares	Rt. No.....	dt.....	Rs.....
Application fee	Rt. No.....	dt.....	Rs.....
MDS Bonus	Rt. No.....	dt.....	Rs.....
MDS Commission	Rt. No.....	dt.....	Rs.....
Net Amount			<u>Rs.....</u>

TOTAL LOAN AMOUNT

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Name of Bank A/c. No.....

Cheque No. dt