From Date…………………………….

………………………………………………….

Unit…………………………………………… Membership No…………………………………

Staff No…………………………………………….

Through,

Com…………………………………………………

Branch Secretary/E.C.M………………………….

………………………………………………………………..

To

The General Secretary

The Lakshmi Vilas Bank Officers’ Association (Reg.No14/SLM)

G-3,”Water Front”, 4 & 5, South Mada Street

Nungambakkam, Chennai-600 034

Dear Comrade,

**Enrolment of New Membership**

I enclose herein the Membership Form and Mandates for joining Association & its Welfare Fund etc.,

In this connection, I am enclosing herewith my SB/SCOD Account Cheque for Rs……………………….for the purpose as detailed hereunder:

|  |  |  |
| --- | --- | --- |
| Membership | Admission Fee | Rs. 100.00 |
|  | Subscription Fee | Rs. 200.00 |
| Welfare Fund | Admission Fee | Rs. 100.00 |
|  | Subscription Fee | Rs. 200.00 |
| **TOTAL** | | Rs. 600.00 |

**Kindly do the needful**

**Comradely yours,**

**( )**

**THE LAKSHMI VILAS BANK OFFICERS’ ASSOCIATION**

**(Regd.No.14/SLM)**

**Regd & Admin. office:**

**g-3, “Water Front”, 4 & 5, South Made Street,**

|  |
| --- |
|  |

**Nungambakkam, Chennai- 600 034**

**LL: 044-28241759 Email:** [**gs.lvboa@gmail.com**](mailto:gs.lvboa@gmail.com)

**MEMBERSHIP FORM**

I,……………………………………………………………………………………………………………………………………………………

Son/Daughter/Wife of……………………………………………………………………………………………………………………………..

Working as……………………………………………………………………………………………………in The Lakshmi Vilas Bank Ltd.,………………………………………………………………………………………………. Branch, hereby apply for Admission as Member of The Lakshmi Vilas Bank Officers’ Association.

I will abide by the bylaws & Rules of the Association, as amended from time to time.

Station: Signature

Date :

**Particulars of the Member**

|  |  |  |
| --- | --- | --- |
| 1 | Name |  |
| 2 | Sex | Male / Female |
| 3 | Designation | Assistant Manager / Deputy Manager /Senior Manager |
| 4 | Age & Date of Birth |  |
| 5 | Date of Confirmation |  |
| 6 | Residential Address |  |
| 7 | Email Id/ Contact phone No. |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Membership No |  | Staff No |  | Enrolled No |  |
| Admission approved by E.C. meeting held on | | | |  | |

**Attested**

**General Secretary /President**

**Date :**

**MANDATE FORM**

(Subscription Levy etc)

From Membership No…………………………………

…………………………………………………. Staff No…………………………………………….

Assistant Manager / Deputy Manager /Senior Manager

The Lakshmi Vilas Bank Ltd.,

……………………………………………..

…………………………………………….

To

**The Managing Director & CEO**

H.R.D .Department

The Lakshmi Vilas Bank Ltd.,

………………………………………..

Dear Sir,

I shall thank you to deduct from salary Rs.100/- (Rupees One Hundred Only) as my monthly **SUBSCRIPTION AND ALSO LEVY IMPOSED BY** The Lakshmi Vilas Bank Officers’ Association, commencing from the Month of……………………. The amount so deducted from time to time may please be transferred to the Savings Bank Account of The Lakshmi Vilas Bank officers’ Association with the Bank held Nungambakkam, Chennai-34 Branch for the time being.

Place :

Date : Yours faithfully

**MANDATE FORM**

(Subscription Levy etc)

From Membership No…………………………………

…………………………………………………. Staff No…………………………………………….

Assistant Manager / Deputy Manager /Senior Manager

The Lakshmi Vilas Bank Ltd.,

……………………………………………..

…………………………………………….

To

**The Managing Director & CEO**

H.R.D .Department

The Lakshmi Vilas Bank Ltd.,

………………………………………..

Dear Sir,

I shall thank you to deduct from salary Rs.200/- (Rupees Two Hundred Only) as my monthly **SUBSCRIPTION AND ALSO LEVY IMPOSED BY** The Lakshmi Vilas Bank Officers’ Association, commencing from the Month of……………………. The amount so deducted from time to time may please be transferred to the Savings Bank Account of The Lakshmi Vilas Bank officers’ Association with the Bank held Nungambakkam, Chennai-34 Branch for the time being.

Place :

Date : Yours faithfully

**MANDATE FORM**

(***Welfare Fund***)

From Membership No…………………………………

…………………………………………………. Staff No…………………………………………….

Assistant Manager / Deputy Manager /Senior Manager

The Lakshmi Vilas Bank Ltd.,

……………………………………………..

…………………………………………….

To

**The Managing Director & CEO**

H.R.D .Department

The Lakshmi Vilas Bank Ltd.,

………………………………………..

Dear Sir,

I shall thank you to deduct from salary Rs.200/- (Rupees Two Hundred Only) as my monthly **SUBSCRIPTION AND ALSO LEVY IMPOSED BY** The Lakshmi Vilas Bank Officers’ Association, commencing from the Month of……………………. The amount so deducted from time to time may please be transferred to the Savings Bank Account of The Lakshmi Vilas Bank officers’ Association with the Bank held Nungambakkam, Chennai-34 Branch for the time being.

Place :

Date : Yours faithfully

**MANDATE FORM**

(***Welfare Fund***)

From Membership No…………………………………

…………………………………………………. Staff No…………………………………………….

Assistant Manager / Deputy Manager /Senior Manager

The Lakshmi Vilas Bank Ltd.,

……………………………………………..

…………………………………………….

To

**The Managing Director & CEO**

H.R.D .Department

The Lakshmi Vilas Bank Ltd.,

………………………………………..

Dear Sir,

I shall thank you to deduct from salary Rs.200/- (Rupees Two Hundred Only) as my monthly **SUBSCRIPTION AND ALSO LEVY IMPOSED BY** The Lakshmi Vilas Bank Officers’ Association, commencing from the Month of……………………. The amount so deducted from time to time may please be transferred to the Savings Bank Account of The Lakshmi Vilas Bank officers’ Association with the Bank held Nungambakkam, Chennai-34 Branch for the time being.

Place :

Date : Yours faithfully

APPLICATION FORM FOR JOINING

WELFARE FUND AND DEATH RELIEF FUND

From Date…………………………….

………………………………………………….

……………………………………………

To

The General Secretary

The Lakshmi Vilas Bank Officers’ Association (Reg.No14/SLM)

G-3,”Water Front”, 4 & 5, South Mada Street

Nungambakkam, Chennai-600 034

Dear Comrade,

I request to enroll me as a member of the following funds sponsored by our Association Viz. The Lakshmi Vilas Bank Officers’ Association Welfare Fund, for which I remit herewith fees as indicated below.

SUBSCRIPTION

1. Admission Fee : Rs. 100.00

2. Subscription : Rs. 200.00 (Monthly)

I have read the Rules and regulations governing the Funds and agree to abide by them as amended from time to time.

|  |  |  |
| --- | --- | --- |
| 1 | Name ( In Block Letters) |  |
| 2 | Sex | Male / Female |
| 3 | Father’s Name |  |
| 4 | Age & Date of Birth |  |
| 5 | Designation in the Bank | Assistant Manager / Deputy Manager /Senior Manager |
| 6 | Date of Probation |  |
| 7 | Residential Address |  |
| 8 | Email Id/ Contact phone No. |  |
| 9 | Office Address |  |

I am a Member of The Lakshmi Vilas Bank Officer’s Association, Chennai from the year………………………..

My Membership Number is………………………………………

I hereby Nominate………………………………………………………………………………….as my nominee for the purpose of the Fund. The Nominee is my……………………………………………………..

Place: Comradely yours.

Date:

Admitted on :

(Signature of the Member)

General Secretary: