



Registered under Madhya Pradesh Co-Operative Act, 1960 Registration No. 346/SHR/66
THE INSURANCE EMPLOYEE'S CREDIT CO-OPERATIVE SOCIETY LIMITED, BHOPAL

Registered Office : LIC of India, Divisional Office Campus, 60-A Arera Hills, Jail Road Bhopal (M.P.)
 Website : <http://www.ieccsbhopal.org> E-mail : ieccsbhopal2015@gmail.com Phone : 0755-2558388

Membership No

Folio No

PERSONAL PARTICULARS

The President,
 The Insurance Employees Credit Co-Op. Society, Ltd.
 Bhopal

Dear Sir,

Kindly enroll me as member of the Insurance Employee's Credit Cooperative Society Ltd. Bhopal. I am giving my particulars below, I* have read and understood the BYE-LAWS of the Society and hereby agree to abide by them and all other changes, alteration and / or modifications that may be effected from time to time.

A sum of Rs. 5/- towards Admission Fee and Rs. 10/- towards Share Money is remitted herewith may be deducted from my salary.

Particulars

Please Write correct details as given in documents :

Name of Member*

Saluation (Mr./Ms./Mrs./Miss)

First Name*

Middle Name

Last Name*

Telephone Number*

(only for existing customers)

Date of Birth* / /

D D M M Y Y Y Y

Father's Name

Name of Spouse

Permanent Address* Address shall be written as per Proof of Address

House No.*

House Name / Flat Floor No.*

Housing Complex / Building No.*

Street / Road Name*

Area / Land Mark

City / Town / Village*

District*

State*

PIN Code*

Telephone Number

Mobile Number

E-mail ID @

Present Office Address

Nominee Name

Relation

/Ago/

Present Salary Details*

Salary Number

Gross Salary

Deduction at the time of Application

Net Salary

Date of Appointment

Present Cadre

Present Office Address

To,

Sr. Divisional Manager
LIC of India / The Oriental Insurance Co. Pvt. Ltd.

Dear Sir,

I bag to state the I am a member of the Insurance Employees, Credit Cooperative Society, Ltd., Bhopal & in terms of its Bye-Laws, I am required to give authority letter for effecting deduction and dues of the accounts due to them from my salary. I therefore, hereby authorise you to effect deductions as may be demanded by the said Society every month from onwards.

Specimen Signature of the Applicant

--	--	--

..... do hereby declare that what is stated above is true to the best of my information.

Date :

Signature Applicant

Place :

Witness*

Signature

Name :

Mobile No.

Present Address

Date

FOR OFFICE USE

As per above information and undertaking given by the Membership request of Shri/Smt./Ku

..... is accepted.

Authorised Signatory

Date :