

**THE GENERAL INSURANCE EMPLOYEES'
CO-OPERATIVE SOCIETY LTD., No. E 627**

APPLICATION FOR LOAN FROM THRIFT DEPOSIT

1. Name of the Applicant :
2. Member No. :
3. Age and Date of birth :
4. Designation & Office Address :
5. Salary Details:
 - Basic Pay :
 - D.A. :
 - Other Allowance :
 - Total :
6. Residential Address :
7. Thrift A/c. No. :
8. Amount of loan required:
 - In Figures :
 - In words :
9. Option of Repayment : Principal & Interest / Interest alone
(Score off which is not applicable)
10. If principal is to be deducted,
No. of instalments required :

I declare that the details furnished above are true and correct to the best of my knowledge and belief.

Place :

Date :

Signature of Member

(FOR OFFICE USE ONLY)

- Thrift A/c No. :
- Amount in Credit :
- Loan Amount Sanctioned Rs :
- Mode of Payment : Principal and Interest/ Interest alone
- No. of instalment :
- Resolution No. & Date :

President

Secretary



**The General Insurance Employees'
Co-Operative Society Ltd., No. E-627
(ESTABLISHED IN 1976)**

FORM TO BE FILLED BY THE EMPLOYER

- 1. Name of the Employee :
- 2. Designation :
- 3. Official Address :
- 4. Date of birth :
- 5. Whether confirmed or not :
- 6. Date of Retirement :
- 7. Whether any Disciplinary Proceeding pending disposal :
- 8. Details of Court attachment :
- 9. Details of salary for the month of :

Salary

Deduction

<ul style="list-style-type: none"> Basic Pay Dearness Allowance House Rent Allowance C. C. A. Functional Allowance Personal Pay Qualification Pay Interim Relief Conveyance Entertainment Telephone Allowance Others (Specify) 	<ul style="list-style-type: none"> Provident Fund Additional P. F. P.F. Loan Income Tax L. I. C. Premium G.I.E. Co-op: Societies Other Co-op: Societies Festival Advance Housing Loan Welfare Society M.B.I.S. Vehicle Loan Flood Advance Court Attachment Others (Specify)
Gross Salary	Total Deductions

Net Salary

Signature.....

Name.....

Designation.....

Official Address.....

(Office Seal)

Place :

Date :



**The General Insurance Employees'
Co-Operative Society Ltd., No. E-627**

Tried, Tested & Trusted Since - 1976

THRIFT LOAN BOND

From

..... Voucher No. & Date :...../...../.....
.....
..... Loan No :...../...../.....

To

The Secretary
General Insurance Employees'
Co-operative Society Ltd. No. E-627,
Sitaram Complex,
Kochi-18.

Dear Sir,

I, the undersigned have been granted a
loan of Rs..... (Rupees only)
from my Thrift A/c No.....the receipt of which I hereby acknowledge.

I agree to pay back the loan amount along with interest at..... % per annum or as
may be fixed by the Managing Committee from time to time in..... monthly instalments
of Rs.....each and the last instalment being Rs.....

I agree that the principal towards the loan may be deducted while settling my thrift account
and the interest at % per annum shall be paid on monthly basis.

I also agree that my monthly dues towards repayment of the above loan shall be effected by
deduction from my salary as demanded by the Society in the demand list every month.

In the event of my default, death, resignation, retirement or discharge from the service of the
Company, I authorise you to adjust the outstanding dues from my thrift account towards my loan.

In the event of my death, any nomination that has been made or might be made hereafter
shall not have any effect, to the extent of balance that might be outstanding on account of loan or other
dues to the Society at the time of my death.

This authority will not be revoked by me until all the sums due to the Society are entirely
liquidated.

Signed and delivered by.....
(Name) (Signature)

Place:

Date :

Attested by

Signature :

Name and Address of the Officer

(Office Seal)

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