

Form No. ADM/

FORM APPLICATION FOR ADMISSION

To

The President/Secretary,
City Police Co-Operative Society,
Hyderabad.

Sir,

I _____ S/o _____

Working in the grade of _____ Desire to become a member of
your society. My basic pay is Rs. _____ per month. I wish to subscribe for
_____ Shares.

I hereby agree to pay the required share amount together with establishment charges fixed from
time to time and authorise you to make necessary deduction from my monthly pay.

I was not a member of your society previously. I am also not a member of any other Co-operative
Societies.

My previous A/C No. (if any) _____

I abide by the Bye-laws and the rules and amendments (if any) made from time to time of Society.

I nominate Shri /Shrimati _____ (Name with relation) my legal heir,

I therefore request you kindly to admit me as a member of your Society.

I authorise you to make recovery in respect of the share value from my salary. I am in the
strength of City police Establishment, Hyderabad.

Date of Birth: _____

Date of Appointment: _____

Email ID: _____

Address: _____

Cell No: _____

Yours faithfully

Signature

// ATTESTED //

RI / SHO



Account No.			

CITY POLICE COOPERATIVE CREDIT SOCIETY LIMITED.

Regd. No. 570

MEMBERSHIP CUM NOMINATION FORM

- | | |
|----------------------------|------------------------------|
| 1. NAME IN FULL | 5. Date of Birth |
| 2. S/o/ W/o/ D/o | 6. Date of Appointment |
| 3. Designation | 7. Married / Unmarried |
| 4. Permanent Address | 8. Unit |
| | |
| | |

I authorise the police department to recover the enrolment fee and monthly subscription from my salary till I cease to be an employee of the Police Department and to credit the same to CPCCS and also to my account, as per the Bye-Law and rule thereunder

I do hereby nominate hereunder the person of my Family to receive the amount standing to my credit in the books of CPCCS and also the benefits admissible as per the BYE-Law in the event of my death.

Nominee's Particulars Name : Relationship : Date of Birth : Guardian's Name : (In case nominee is minor)				
			EMPLOYEE'S PHOTO	NOMINEE'S PHOTO

I declare that the claim of any person other than the nominee shall not be entertained under any circumstances.

Signature of the Nominee

Signature of the Member

WITNESS

Signature

Name

Designation

Unit

Date:

Verified the above particulars with the records and found to be correct.
Forwarded to the Seceretary, CPCCS

Signature of the Unit Officer
With Seal and date

**CITY POLICE CO-OPERATIVE CREDIT SOCIETY LIMITED, HYDERABAD
(MEMBER DETAILS FORM)**

Employee Name		Bank A/C No (Online No)	
Rank and General No		Bank Name	
Employee ID. No.		Branch	
Co-op A/C No.		Bank MICR Code	
Place of Posting		Bank IFSC Code	
Date of birth		Date of Appointment	
Nominee Name		Relationship with Employee	
Basic Pay		Gross Pay	
Total Deduction		Net Pay	

Note: All Columns must be filled to update the new software

Member Signature