

MYSORE BANK WELFARE TRUST

The Trustee
Mysore Bank Welfare Trust
C/o. SBM Pensioners Commune
Ground Floor, BKG Complex,
SBM Compound, Avenue Road,
BANGALORE - 560 009

Place :
Date :

Dear Sir,

Membership - Enrolment

I am desirous of becoming a member of the **Mysore Bank Welfare Trust** and request you to accord me the admission. I am enclosing Demand Draft / Cheque bearing No. dated drawn in favour of **Mysore Bank Welfare Trust** for Rs. 4,500/- (being the enrolment fee) as per rules.

I undertake to be governed by the Rules and Regulations of the TRUST.

Name :									
Designation					Date of Birth		Date of Joining		
EMPLOYEE No.			HRMS No. :			Phone / Mobile No.			
Email ID									
Permanent Address									
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I nominate the following as nominee/s for the deposit tendered with the Trust.

Name(s) of the Nominee(s)	Relationship	Age
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SB A/c No. :

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I undertake to be governed by the Rules and Regulations of the TRUST.

I am aware that I would automatically become a member of State Bank of Mysore Pensioners' Commune immediately upon my retirement from the services of State Bank of India. This application shall also be treated as an application for membership of State Bank of Pensioners' Commune as on the date of my retirement.

Yours sincerely,

Permanent Address :

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(SIGNATURE)

Date :

Place :

Trust Membership No. :	Date of Membership :	SBMPC Membership :
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